PLEASE WRITE

VS Aff

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

02439

CERTIFICATE OF DEATH

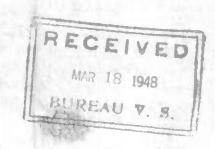
Reg. Dist. No.

1. PLACE OF DEATH: Balta	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
County EJAEN	State MA County Salto	
Cily or town	City or town Es 42.14	
How long in above place of death?	(If outside city or town limits, write RURAL and give no	earest town)
Hospilal, Institution, or street address where death accurred:	Sireet No. 3.5 (If rural, give LOCATION)	7.LE
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Finala Whitz Married	7. 1 - 7	- 11 0
6.(b) Name of husband of wife derich W. Abraham	21. I CERTIFY that death occurred on the date above stated; that I attended dec	eased from
6.(e) If alive, give ageyears	2200-1-12	19 %
7. Birth date of deceased (mo., day, yr.)		DURATION
8. AGE: Years Months Days It less than one day	Immediate cause of death Coronary Thromboses	1 day
58 8 · 23min.		
9. Birthplace (Town, county, and state)	Due to	10 922
10. Usual occupation. House fre	Oue to artino-Selevous	10 year
11. Industry or business At Notes		
12. Name Chas Holland 13. Birthplace Pholland	Other conditions Classes flemmakage	o morta
	(Include pregnancy within 3 months of death)	•••
14. Maiden name Matilda (Unknown) 15. Birthplace Balto. Md.	Major findings of operations	*****************************
E 15. Birthplace /Sacio. Ma.	Date of op	
16. Informant Mas DE Joug	Autopsy results	d atatistically
Address 545 S. 45 2 W.		g statisticany.
17 Burial Date thereof 3/31/48	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, eremation, or removal. Whitehe)	Accident, suicide, or homicide	
Cemetery or cremetery Oak Lawn	Where did Injury occur?	(State)
Eastern ave Extended	Injured at home, farm, Industry, public place (where?)	
Location Orak June	Means of Injury Injured at work?	
18. Funeral director.	m. as Oxcobe	m.D.
Address 21) . Taux	23. SIGNATURE M. D.	or other
19. (Date ree'd by registrar) 19. Registrar	1 17 North PARU	3/27/48

	35
	JU

CERTIFICA	TE OF DEATH Reg. Dist. No. 33
1. PLACE OF DEATH: County	State / La Y and County and County of the Co
Now long in hospital or institution?	2.(α) tf veteran, name war
Emory Webster Al	ban, -
Male White Married.	MEDICAL CERTIFICATION 20. DATE DE DEATH MAYCH 10, 1948 at 57,301
6.(6) Name of husband or wife I da Bailey Alban.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h Halive on
9. Birthplace	Due to
11. Industry or business, Retired. 12. Name	Other conditions Cinciude pregnancy within 3 months of death)
14. Maiden name VIII a Gardner,	Major fiedings of operations. Date of op.
Address Freeland, And, R.D.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(wurial, cremation, or removal. Which?) Date thereof March 13, 199 (month) (day) (year)	Accident, suicide, or homicide
Location New Excedon Penna.	
Address Yew Freedom, Ca.	22 SIGNATURE Q. M. France
19 mar 11 1948 Colcetter & Scellere (Date rec'd by registrar) Registra	A By leta and M. D. or other

MARGIN RESERVED FOR BINDING



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

(12441 Reg. Dist. No. 40

1. PLACE OF DEATH:		a. t.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town ALV CSVILLE AD CHAPM AN RD. (If outside city or town limits, write RURAL and give nearest town)		MD. CHAPMAN RD.	State County & AL+o
		Pro-	City or town
	or street address where	death occurred:	Street No. CHAPMAN KD.
- 100 00000 000000000000000000000000000			(If rural, give LOCATION)
How long in hospital	or Institution?		2.(a) tf veteran, name war
3. (a) FULL NA	ME	CLAUDIUS	ANDERSON 3. (b) Social Security Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
~	W	MARRIED	20. DATE OF DEATH March 28 19 48 at 10:3 6 M
- 43 11 - 41 - 41	nd or wite MARY	C. PNDERSON	21. J CERTIFY that death occurred on the date above stated; that i attended deceased from
6.(o) wame of nusual	JES SCHACE	B. 6.(c) If alive, give ageyear	100. 28 1943 10 March 281948
7. Birth date of		· Cima	and that I last saw h
deceased (mo., day	y, yr.)	Days triess than one day	Impedia cause of death DURATION
71	9	&hrsmin.	Gangesilve Jean Imo.
	Do my I VA	A 45	Tools and any of the Attie Styl
9. Birthplace	BROOK LYN (Town,	county, and atate)	Due to Heart Alse ase
1D. Usual occupation	n KETIR	2 D	Due to.
11. Industry or busin	ness		
当 12. Name	DHARLES	V. ANDERSON	Dither conditions / Secretar
13. Birthplace			alleroscletosis
当 14. Maiden nam	ne JURUS	SPEARS	(Include pregnancy within 8 months of death)
14. Maiden nam	-	70	Major findings of operations
16 Internal Mil	S. MARY	O ANDERSON - (WIFE)	Autopsy results.
		~	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address /	JINGSVIL	2/21/18	22. VIOLENCE: If death was due to external causes, fill in the following:
17. BURING Date thereof 3/31/48 (month) (day) (year)		Date thereof	Accident, suicide, or homicide
Cemetery or erematory PARKWODD		D)	Where did injury occur?
Location	ALTO. Co		Injured at home, farm, industry, public place (where?)
1B. Funeral director	W. J.	TICKNERY SONS INC	Msans of Injury Injured at work?
	BALTO.	M	PO.11. 051/11. 11x
Address	DALTO	- 0 11 11 1	63 STEMPORT JOEA O. HUGSON DO or other
19	registrar)	- H. W Hadriel	Address Fork Md. Baje signed 3/28/4
(Date rec p by	* - Binerari	Treg istrai	Additional to the state of the

Wan J. Tickment Lons Morth & Bourna ans Balt 19, Med.

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Rog. Diat. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Howard Orin	11 ton /4 nelegrow 290-03-2217
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Mall while Marvell A Could	MEDICAL CERTIFICATION 2D. DATE DF DEATH
6.(b) Name of husband or wife	march 15 1944 10 march 23 1945
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h inc. alive on Danch 21 194 1 Immediate cause of death Melas Latte Carcinomy DURATION
61 4 20nrs,min.	
9. Birthpiace (Passington M)	Due to Carenona y Jamereas
10. Usual occupation. Cotal Afrillor 11. Industry or business Pust - A Randenson Ce	Due to
E 12. Name However C and my sou	Dither conditions
14. Malden name Tary S. Stary J. 15. Birthplace Rentfo Why	(Include pregnancy within 3 months of death) Major findings of operations. Thulliple metastases in fleures Curilies: Occu Rewood in Section. Date of op.
16. Informant / Mr. I Hazel F. Bridinson (wife)	Autopsy results
Address 17. Bernal Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Trombal Cauto	Whers did Injury occur?
Location Columbus - Chus	Injured at home, farm, Industry, public place (where?)
o Blees Fart Money Co.	Means of Injury Injured at work?
Address 10kWM, 90-13alts	Accident
19. Marsh à 4 19 48 a. W. Hegush (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address #3.16 Medical ails all Date signed Man 24/48

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and l

WRITE

PLEASE

FOR BINDING

RESERVED

MARGIN

MARGIN RESERVED FOR BINDING

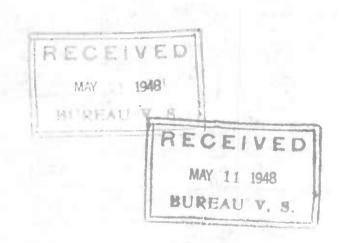
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()2443 Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
EARL HEINTZELMAN BENEDICT	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH March 25 19.48 3.5:10 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 19.48 March 25 19.48 and that I last saw h 1 m alive on March 24 19.48 Immediate sause of death DURATION
8. AGE: Years Months. Days If less than one day 38 9 3	Myocarditis 3wks 4
3. 8irthplace Franklin County, Pa. (Town, county, and state) Salesman 10. Usual occupation	Due to Unk.
12. Name Daniel G. Benedict	Other conditions Dementia Praecox - Paranoid 2 yrs.
14. Maiden name Laura Heintzelman 15. Birthplace Pennsylvania 16. Informant Hospital records	(Include pregnancy within 3 months of death) Major findings of operations
Address Sheppard-Pratt Hosp Towson 4, Md.	Antopsy results
17. Buziel (Burial, cremation, or removal, Which?) Cemetery or crematory Atlan Full Cometary Location Waynestore, Franklin Cu, Pa 18. Funeral director POE FUNERAL HOME	Accident, suicide, or homicide
Address WAYNESBORD, PENNB. Van Houselle. 19. (Date rec'd by registrar) Registrar	23. SIGNATURE HATTY M. MUTCOCK M. D. or other Address Sheppard-Pratt. Towson, Md. signed 3/25/48



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02444

_	- 1
- 1	- 1
_	- 1

Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother)-County Dalkmore (If outside city or town limits, write RURAL and give nearest town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred (If rural, give LOCATION) 2.(a) It veteran, name war Now long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 4. Sex Semale 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(6) Name of husband or wife... B.(c) It alive, give ageyears and that I last saw halive on .. 7. Birth date of deceased (mo., day, yr.) **OURATION** Immediate cause of death. It less than one day Years 5 den 8. AGE: (Town, county, and state) 10. Usual occupation. 11. Industry or business (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations..... 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Bate thereot. Accident, eulcide, or homicide..... (Burial, cremation, or removal, Which?) (month) (day) (year) Where did injury occur? (State) (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Meens of Injury 23. SIGNATURE.

. The collegibly. information carefully of death clearly and item of i BINDING ADING INK. Supply eve Physicians: please write RESERVED important. PLAINLY, V

WRITE

SE

(Date reod hy registrar)

correct age

	1	
1	y supplied	/
) /)
	on should b	2
INDING	'ADDING INK. Every item of information should be careful sicians: please write the causes of death clearly and legibly.	
ED FOR E	very item	
RESERV	INK. E	
MARGIN RESERVED FOR BINDING	Z	ı
I	WITH ortant.	-
>	LAINLY,	
	LEASE WRITE PLAINLY, WITH UI	
	EASE rrect age	

VS. A15

	Aug 1
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED: (a) State Md. (b) County Ballo
(b) Street address 2624 Hillcrest Ave, (c) Hospital or institution:	(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 2624 Hillchest Ave. (if rural give location) (e) Citizen of foreign country?(Yes or No) If yes, name country
3 (a) FULL NAME JOHN L. BOHNE	THEOLIE TO BRIDGE A ST. TARK
3 (b) If veteran, name war No. 2/6-03-/042 4. Sex 5. Color or race white 6 (b) Name of husband or wife Marie E. Bohne	MEDICAL CERTIFICATION 20. DATE OF DEATH March 22nd 19 48, at 5:30 M 21. I certify that death occurred on the date above stated; that lattended deceased from 9 2 2 19 48, at 1
6 (c) If alive, give age years	Immediate cause of death
7. Birth date of deceased (mo., day, yr.) Oct. 16th, 1880 8. AGE: Years Months Days If less than one day 67 5 6 hr. min. 9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual Occupation Watchman 11. Industry or business C & C Co. 12. Name Henry Bohne 13. Birthplace Unknown 14. Maiden Name Louise Pfening Unknown 15. Birthplace Unknown	Due to Other Conditions. Other Conditions. (Include pregnancy within 3 months of death) Date of operation. Major findings of operation: of autopsy: Other Conditions. PHYSICIAN Underline the cause to which death should be charged statistically.
16 (a) Informant Mrs. E. Louise Miller (b) Address 2624 Hillcrest Ave. 17 (a) burial (b) Date thereof 3/25/48 (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Baltimore Location Baltimore, Md. 18 (a) Funeral director Advance Advance Address (b) Address 7401 Belair Road 19 (a) 3/2 4/4 5 (b) A M. Barran Registrar	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide. (b) Date of occurrence
VS 150	

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(12445) Reg. Diat. No. 42

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Salymore	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Bellimore
	City or town
How long in above place of death? 2.7 440.	One II /
Hospital, Institution, or street address where doubt occurred:	Street Ho. 1319 Worth avenue
1319 Mouth one	(If rural, give-LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. World War!
3. (a) FULL NAME	3. (b) Social Security Number
William Charles B	rauler 213-05-2898
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE DF DEATH March 5 19.46, at 8:30 P.M
1000	
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I atleaded deceased from
	19
7. Birth date of One - 11 160	and that I last saw halive on19
deceased (mo., day, yr.) March 1 1895	Immediate cause of death
8. AGE: Years Months Days It less than one day	
53 4 4hrsmin.	Comman orchisim
Rollinge Fed	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Machinest Helper	
D. HO I DID HI A	Due to
11. Industry or business Fillsburgh Plate Stass Co.	
12. Name Tilliam J. Braner 13. Birtholace Maryland	Dther conditions
Z 13. Birtholace Maryland	
K Lither & Calinill	(Include pregnancy within 8 months of death)
14. Maiden name.	Major findings of operations
15. Birthplace Maryland	Date of op
mi - lane Hin I have in all	Autopsy results.
16. Informant 1319 West Care Bole, tee	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1319 Month ave. around	as VIOLENCE, it death was due to external courses filt in the following:
17 Burial Date thereof 3-8-48	22. VIOLENCE: It death was due to external causes, filt in the following:
(Burial, cremation, or removal, Which) (Burial, cremation, or removal, Which)	Accident, suicide, or homicide
Cemetery or crematory Loudland ask	Where did injury occur?
Baltimpre Maruland.	injured at home, farm, industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director floring Schwar	mosno ot injury
Address 9/ 1 Frederick ave. Balto, Ind.	1 /2 V. YO after
1. 11 110 91 11 11	23. SIGNATURE M, D, or other
(Date rec'd by registrar) (Registrar)	Address 1010 Leads and Bale signed 3 - 6.48
(Date rec'd by registrar) Registrar	Indicace I I I I I I I I I I I I I I I I I I I

RECEIVED

MAR 8 1948

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 32

Pu new

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore Mount Wilson	Monril and Wash C
(If outside city or town limits, write RURAL and give nearest	town) Molsome Domle
How long in above place of death?I	town) City or town Takoma Park (If outside city or town limits, write RURAL and give nearest town)
Branch, Md. T. B. Sana torium	Street Not the work that V A V STILLS
How long in hospital or institution 1. Vr. 2 MOS 18 day	
3. (a) FULL NAME	
	3. (b) Social Security Number
Mrs. Mary Ellen Bry 4. Sex 5. Color or raco 5.(a)Singlo, married, widowed, or divo	0.10
	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH March 20, 19.48 at 4:40 A
6.(b) Namo of husband or wife Theodore K. Bryant	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	January 2, 1947 10 March 20, 1948
7. Birth date of deceased (mo., day, yr.) June 22, 1874	and that I last saw h. Er allve on March 20, 1948
8. AGE: Years Months Days If less than one day	Immediato canse ef desth
73 8 27hrs.	Pulmonary Tuberculosis 2 yrs.
	Tubercle Bacilli 9 mos.
9. Birthplace Jacksonville New York (Town, county, and state)	Due to - about on Dao 11111
10. Usual occupation Housewife	Due to
11. Industry or business	DUE 10.
12 Name William Dederer	Other conditions None
3 13. Birthplace New York, New York	
Eliza Nourse	(Include pregnancy within 3 months of death)
14. Maiden name Eliza Nourse 15. Birthplace Danby, New York	Major findings of operations No operation
	NT Date of op.
16 Informant Mary E. Bryant	DUVERCIAN DI LE AL LA
Address 213 Buffalo Ave., Takoma Pk.	, Md.
17. Burial Bate thereof Mar 23.1 (Burlal, cremation, or removal, Which)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) Cemetery or crematory	
	(City or town) (County) (State)
Location Ithica, New York	
18. Funeral director J. Arthur Walters	Means of Injury Injured at work?
Addres254 Carroll St., N.W., Takoma	Pk. Stermet 1 Nichter mit
C 141/1-	D. C 23. SIGNATURE LECTURE M. D. or other
19. Mara 20 19 48 Call / Wellow (Date rec'd by registrar)	Registrar Address Mt. Wilson, Md. Date slened 3/20/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The se is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

serrect age

RECEIVED

THE LAW SHEET

MAR 22 1948

BUREAU Y. S.

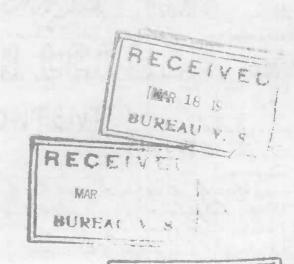
CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ballinge	Slate Mac County
(If outside city or town limits, write RURAL and give nearest town)	-1d. 1+ ·
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Street No. 28 45 M. Jafanette are
maconic Hombs	(If rural, give JOCATION)
low long in hospital or institution? I yes 48 Months	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Selas lugene Bucke	
Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Hickory	20. DATE OF DEATH. Mas 1 6 19 48 21/ 25
alla Talla	21. I CERTIFY that death occurred on the date above stated; Ihal I attended deceased from
5.(b) Name of invited or wife	May 5- 1947 10 Mar 16 19.
Birth date of	and that fast saw h
deceased (mo., day, yr.) Dec 25 th 1869	Immediate cause of death DURAT
B. AGE: Years Months Days If less than one day	
78 2 20hrs.	min. Mercardiac Insulficiency 3d
London Bulton On	Due for
9. Birthplace	Distetes Mellidio
18. Usual occupation alectrofolater	
	Due to
11. Industry or business	
12. Name Hoah Lewis Suckey 13. Birthplace Baltimore MA	Other conditions
13. Birthplace Sallinger	(Include pregnancy within 3 months of death)
14. Malden name llegaletty Hassin 15. Birthplace Pennsylvania	
S 15 Blotheless P	Major findings of operations.
21 15. Birmpiace Cenny Control	Date of op.
16. Informant of Deusa M. Schureder	Antopsy results
Address Hasonic Home collegen	
Beriel man May 19- 45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?), (Burial, cremation, or removal. Which?)	
Cemetery or crematory Loudon Off	Where did injury occur?
Location Partiemore ma	injured at home, farm, industry, public place (where?)
18. Funeral director Ham, Cole	Means of Injury Injured at work?
140 1 0 + 0+	21/1+ 1 1/ 21/ h
Address St. Vand & Oslahon VI.	23. SIGNATURE Walter 7. Teles Mister
10 May 17 10 48 Laura M. School	del D Care 100 H11 M. D. odother
(Note rec'd by registrar)	trar Address Cocalyselle MA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS Als



RECEIVED

MAR 18 1948

BUREAU V. S.

Address.

(Date rec'd by registrar)

(28)

RECEIVED

MAR 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY is especially

MARYLAND STATE DEPARTMENT OF HEALTH

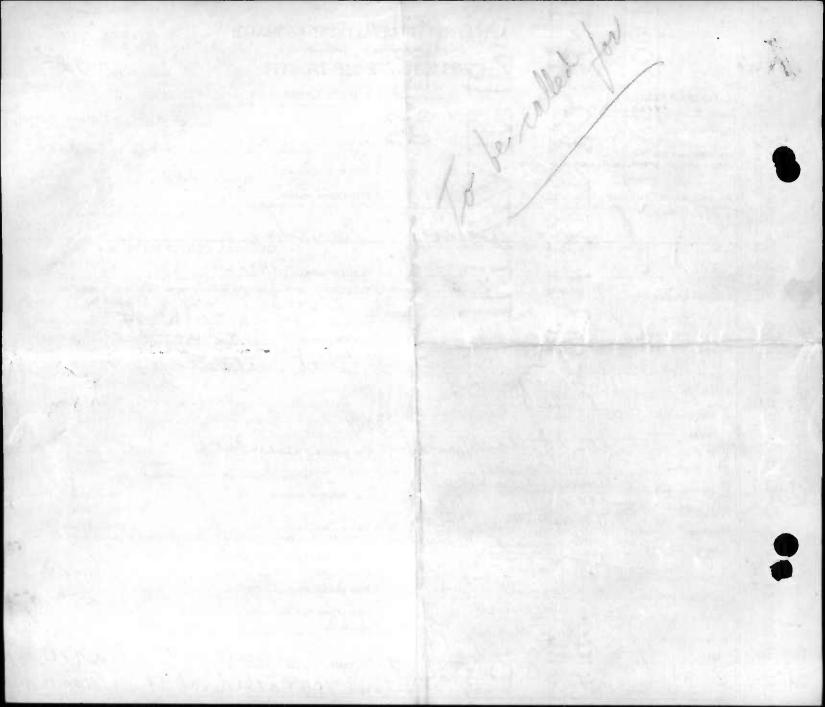
2411 N. Charles St., Baltimore

460

02450

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County & attimate	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outsids city or town limits, write RURAL and give nearest town)	Slate County B alturnate City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Sireet No
How long in hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME Charles malcolm	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced M. Married	MEDICAL CERTIFICATION 20 DATE DE DEATH MARCH 15 19 48 21 7 6 AM
	2D. DATE DF DEATH 19
6.(b) Name of husband or wife. Thanks Arreing	March 1 1048, 10 March 15 1048
7. Birth date of deceased (mo., day, yr.) — //2 // 8 8	and that I last saw h 1. M. alive on March 14 19 49
8. AGE: Years Months Days If less than one day 5 9 11 Same Proceedings of the second	asserding colon
9. Birthpiace (Town, county, and ptate)	Bue to.
1D. Usual occupation Letter	Due to
11. industry or business Landy Tobes Canedy	Diher conditions audice
12. Name halle Jobes Canedy 13. Birthplace	(include pregnancy within 3 months of death)
14. Malden name Helenar Franks 15. Birthplace Ny	Major findings of operations.
16. Informant Mus C. My Caneday	Autopay results.
Address 7/10 Offart Rosso	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Camation Date thereot 3/17/48 (Burial, cremation, or removal. Which?) (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or cremajory Lausan Park	Where did Injury occur?
Location Freserick are	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	Méans of Injury Injured at work?
Address 1 2 18 mg/mt 3 mg	23. SIGNATURE Dames K. Rams, Mi
19. (Date rec's by registrar) 19. (Date rec's by registrar) 19. (Registrar)	Address 760 Cathedral St. Date signed Mar. 16,1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

02452

CERTIFICATE OF DEATH

Reg. Dist. No.

County 3 attrucce - 19	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State
(if dutside city of town mints, write North and give nearest town)	City or town
How long in above place of death?	(If decide city or town limits, write RURAL and give nearest town)
Box 305 A - Crell Rd.	Street No
How long in hospital or institution?	2.(a) If veteran, name war. World. Wav I
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM RALPH CHAR	2/3-07-7206.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married.	20, DATE OF DEATH Warch . 19 19 48 at 4 P. M
6, (b) Name of husband or wife Malissa Charlton.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 37 years	august. 19 4) 10 March 19 19 4 8
7. Birth date of	and that I last saw h Manalive on Manali 19 19 7
deceased (mo., day, yr.) 8. AGE: Years Months Oays If less than one day	Immediate cause of death
5/ 5 25hrsmln.	Coronary Occlision : Iday.
9. Birthplace Battimore - md.	Due to.
(Down, conuty, and state)	arterios deroses, 6no.
10. Usual occupation.	The to 9 augua pectoris.
11. Industry or business machinist	
12. Name Lowasa Charlton 3. Birthplace Johnstown Pa	Other conditions
3 13. Birthplace Johnstown Ga	(Include pregnancy within 8 months of death)
14. Maiden name Guine Catherine Hutmache	
15. Birthplace Richmond. Va.	Major findings of operations
16. Informant Malissa · charbon	Autopsy results.
12 1 1 101 1 101	PHYSICIAN: Please underline the csuse to which death should be charged statistically.
Address Wat 305A Creek Fed-Sg. 17.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Daltinaist	Where did injury occur?
Location & Faltenesse,	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Lla nand & Huik	Means of injury injured at work?
-2 1 1/a 1/a D	I . h otrog: Man
Address 5305 Maryord Than	23. SIGNATURE
19. March 22 19 48 A W. Bellium. (Date rec'd by registrar) Registrar	Address 6908 N. Vt. Rd Batto - 19 - D

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02451

93d

Reg. Dist. No. ..

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town 2 (If outside city or town limits, write RURAL and give nearest town)	State Makylund County Bultumore
How long in above piace of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 5 9 12 Miles are
How long in hospital or institution?	(If rurai, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
Mary Louise Chase	3.(b) Social Security Number 215-032476A.
4. Sex 5. Color of race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Single	20. DATE OF DEATH. 7 M.Ch. 1944 3 A. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceaped from
6.(c) It alive, give ageyears	July 1937 to 1 met 1948
7. Birth date of deceased (mo., day, yr.) March 5, 1873	and thet I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
7.5 2hrsmin.	
9. Birthpiace Baltimore, md.	Dugio Osterio scleratio
1D. Usual occupation. (Town, county, and state)	Cardin Vaccular Resear 10 year
11. Industry or business	Due to
11. Name to the Renaula Blassamin Charle	Other conditions
13. Birthplace Annabalis md.	
14. Maiden name Tulla Fasley 15. Birthplace Telans	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Aceland	Date of op. Year
16. Informant Achely M. Stade	Autopsy results
Address 5 9 Durke are 1.0wsm ma.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Guriai, cremation, or removal. Which?), Date thereof. Mas. 4. 1948 (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory 51 Lucesut	Where did injury occur?
Location Bacto. Ind	Injured at home, farm, Industry, public place (where?)
18. Funeral director / Henry M. Lankins o Ams Co	Mesns of injury Injured at works
Address McCullock Dichard sto.	lefearle W Mei mo
marely 48 CM Holl	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Co 701 york Commander Signed & Macha 48
0-	sara / Day

Dr. Chas Rever 6701 york Rd

02453

les St.,	Baltimore 92	0.4700	
TE C	OF DEATH	Reg. Diat. No	_/
State City of	r town. Outed (If outside city or town limit No. 33 Udmus	or DECEASED? I'mother) ounly auc - V ta, write RURAL and give near c LOCATION)	cst town)
1	4_	3. (b) Social Security 1	lum ber
ver	t	?	
20, DA	MEDICAL C	ERTIFICATION 3	10-9.
21.16	ERTIFY that death occurred on the date ab	ove stated; that lattended decea	
and the	at t last saw h Lin allve on	45 10 Feb.	19. 4. 8. 19. 4. 8
1	lifte cause of death. NONIC MYOCA	rditis	DURATION JYRS,
Due ta.	a-5-c-V-D,	81 AS2	***************************************
			pt +> d 1 - 2 a a a a a d d d + - + d a a
Due to.	***************************************		************************
Dther o	conditions	•••••••	*****************
	(Include pregnancy within 3	menths of death)	
Msjor	findings of operations	Date of op	
	results	hich death should be charged s	ta tistically.
22. VI	OLENCE: If death was due to external car	uses, till in the following;	
Accide	nt, suicide, or homicide	Date of	• • • • • • • • • • • • • • • • • • • •
Where	did injury occur? (City or town)	(County)	(State)
Injured	at home, farm, industry, public place (w	/here?)	
Means	of Injury	Injured at work?	
23. \$3	ONATURE MAJORE	M. Drypi	m J
0	11/ // // /		1

auc-w

Date signed..

PLEASE WRITE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02455

CERTIFICATE OF DEATH

2 HEHAL DECIDENCE (LICAME) OF DECEASED.

County Balt				(For newborn infants give residence of mother)	
County. Baltimore City or town Fort Howard, Maryland (If outside city or town fimile, write RORAL and give nearest town) How long in above place of death? 12 days		State. Maryland County City or town Bal timore (If outside eity or town limits, write RURAL and give nearest town)			
				How long in above place	ce of death?
Vets. Adm. Hospital, Ft. Howard, Md.		Street No. 11. N. Ann Street. (If rural, give LOCATION)			
How long in hospital or institution? 12 days				2.(a) If veteran, name warWW_2	
3. (a) FULL NAM					
0. (0) 1 0 2 2 1 1 1 1 1	MICHAEL	0 075	DUTNEVT	252-3	curity Number 8 - 9 8 3 /
4. Sex	5. Color or race		ie, married, widowed, or divorced	MEDICAL CERTIFICATIO	
3507.0	317. 3 4 -		D		
Male	White		Divorced	2D. DATE DF DEATH March 19 19	
6.(b) Name of husbahi	do wife Div	orced		21. I CERTIFY that death occurred on the date above stated; that I atlend	
			(c) If alive, give ageyears	February 18, 19 48 10 Marc	
7. Birth date of deceased (mo., day,	0 1 70		, , , , , , , , , , , , , , , , , , , ,	and that I last saw himilive on March 1,	19 <u>48</u>
8. AGE: Yea		Days	If less than one day	Immediate cause of death	
		0.5	hrsmin.	Tuberculosis, pulmonary, far ac	
9. Birthplace Baltimore, Md. (Yown, county, and state)		active			
		Due to	plus		
10 Heural occupation	Unemploy	ed			
10. Usual occupation. Unemployed 11. Industry or business 12. Name Peter Czerwinski 13. Birthplace Poland				Due to	***************************************
				Dther conditions	*
cc 13. Birthplace	Double For	n h o		(Include pregnancy within 3 months of death)	
14. Maiden name	Bertna Zy	cna		Major findings of operations	
≥ 15. Birthplace	Poland				
16. Informant	TTCAT MECO	******************	ets. Adm. Hosp.	Autopsy resultsSubstantiated Above	
Address For	t Howard,	Md.		PHYSICIAN: Please underline the cause to which death should he c	barged atatistically.
	ร่อไ		3/4/48	22. VIOLENCE: If death was due to external causes, fill in the following	1
Burial Barial Bate thereof 3/4/48 (month) (day) (year)		Accident, suicide, or homicide,	f		
Cemetery or crematory Baltimore National Cemetery Baltimore, Maryland		Where did injury occur?	(State)		
		injured at home, farm, industry, public place (where?)			
Location Soward M. Blight Funeral Home		Means of Injury Injured at wor			
18. Funeral director	Howard	Blight	Funeral Home		
Address		-	, Baltimore, Md.	23. SIGNATURE OR. USDIN, M.D.	
3/3	, VE	> (2 W. Hedrich	D.R. USDIN, M.D.	M. D. or other
19. 3/3 (Date rec'd by registrar) 19. 48 A W. Hedruch Registrar			Registrar	Address V.A.H. FORT HOWARD, MD. Date	signed3-2-48

PLEASE WRITE

ASA

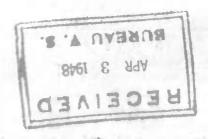
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02456

CERTIFICATE OF DEATH

				Reg. Dist. No	
1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Catonsville, Hary and (If outside city or town limits, write RURAL and give nearest town)		URAL and give nearest town)	State Maryland County Prince Geo Berwyn P. C., Daniels Park		
Hospital, institution, or	street address where	death occurred	l days	City or lown	
How long in hospital or				2.(a) It veteran, name war	V
3. (a) FULL NAM					1
o. (c) 1 out 1771		MAS F.		3. (b) Social Security Nu	ımber
4. Sex	5. Color or race		e, married, widowed, or divorced arried	MEDICAL CERTIFICATION 20. DATE OF DEATH. MCL. 3/ 19 48.	9-22
o (b) None of busheed	Mar	v Noll	у	21. I CERTIFY that death occurred on the date above stated; that I attended decease	ed trom
				40 41	
7. Birth date of deceased (mo., day,)			t) It alive, give age	and that I last saw halive on	19
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	DURATION
77	1	20	hrs min.	Beer balkennhag	æ
1B. Usual occupation 11. Industry or busines 23	Tree sur Tree rep Denjamin Maryland Harriett	geon, geon, air, mair, m	odd jobs iscellaneous ern Shore)	Bue to Bue to Bue to Bue to Clinclude pregnancy within 3 months of death) Major findings of operations.	
15. Birthplace	Maryland	East	ern Shore)		
	Homital	2000	is	- Date of op	
16. Informant			, Maryland	Autopsy results	tistically.
Cemetery or cremato	- (/			27. VIOLENCE: It death was due to external causes, till in the lollowing; Accident, sulcide, or homicide	State)
18. Funeral director	W M. verdale	Man	when Company		defte
19. Ofrif. (Date rec'd by re	giatrar)	V	E. Hary Registrar	23. SIGNATURE M. D. or Address 010 deeds Bate signed 3	- Sarra



9-45-15

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02457

Reg. Diat. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: Or newborn infants give residence of mother)
County	marila a facto ope
City or town (If outside city or town limits, write RURAL and give nearest town)	1 B - OT
How long in above place of death?	(It outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No. 2900 Taylor avenue
2900 Jaylor alleme	(If rury, kive LOCATION)
How long in hospitat or institution	2.(a) If veteran, name war.
3. (a) FULL NAME	les Sei Lr. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male robite massicial	march 27 40 5:201
The state of the s	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that I last saw Haran alive on March 2 6 19 48
7. Birth date of deceased (mo., day, yr.) Fef. 22-1874	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
74 / 5min.	
Baltimare and	an antoning of or aging
9. Birthplace (Town county, and state)	Bleumatic heart disease
10. Usual occupation Settles Contractor	
11. Industry or business	Due to
12 Name Martin Dei	Diter conditions attracial preumonia
13. Birthplace	Dillet Colling to the same of
El Ray in Sauce line 1	(Include pregnancy within 3 months of death)
14. Maiden name Suna Serman	Major fiadings of operations.
15. Birthplace	Date of op.
16. Informan Min. Mana D. Will J.	Autopsy results
Address 2900 Theller Avenue	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
17 Busial Date thereof 3/30/48	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlai, cremation, or removal, Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Talkers	Where did injury occur?
Location Caltingino	Injured at home, farm, industry, public place (where?)
2 () 4	Means of tnjury Injured at work?
18. Funeral director	1/1/0/0/ 1/10/20
Address 5305 Krantona Road	23. SIGNATURE TY. J. Harbold MX.
19 3/29 19 / Ha Heard	M. D. or other
(Date rec'd by registrar) Registrar	Address 4706 Harford Koal Date signed 3-27-48
	O Samernay

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02458

21	44
J. S.	No. DU
Reg. Dist.	No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County S3/2 EDMONDSON AVE	State County
City or town	City or town BALTO
How long in above place of death?	(If outside city or togn lights weits RURAL she styrmearest town) Sireet No. 53/33/EDMANDSA
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME MARTHA 5.	DIAMOND 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ W WIDOW	20. DATE OF DEATH 3/27 19.48 a1 /8
6.(b) Name of husband or wife D'SEPH B. Danon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1-20 19 0 3 2 1 19 0
7. Birth date of deceased (mo., day, yr.) OCT, 7, 1862 deceased (mo., day, yr.)	and that Llast saw h alive on 19.50
8. AGE: Years Months Days If less than one day	Immediate cause of death There or than 5 3000
95 5 20hrsmin.	
9. Birlhplace (Town, county, and state)	Que to Lewslyr Certino Deleson
10. Usual occupation feruse wife	Due to
11. Industry or business	
12. Name PARKSON CHENAULT 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name MARY ANN CLAY DR. 15. Birthpiace	Major findings of operations.
	Date of op.
16. Informant MRS CHAS. M. AUNE	Autopsy results
Address 5903 WALNUT HUE'	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial, cremation, or removal. Which?) [Burial, cremation, or removal. Which?] [month] [month]	Accident, suicide, or homicide
Cemelery or cremetery	Where did injury occur? (City op town) (County) (State)
Location BALTS CO. MD	Injured at home, farm, Industry, public place (where?)
18. Funeral director Way J. TICKNER TEMS	Means of Injury Injured at work?
Address DALTO. MD	Meseo Sutous 10
3/29 48 V.S. Harry	23. SIGNATURE M.D. opether
19. (Date rec'd by registrar) Registrar	Address

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

PLAINLY, V is especially i

PLEASE WRITE

S

Infly phone: No home - lived with daughter-informant 4/9/48-ams.

RECEIVED

MAR 30 1948 BUREAU V. S.

	1	71.2	1100
		r age	
-	-	correct age	1. F
(11	The	Coun
	/		City
4	Á	refull ly and	How I

PLAINLY, WITH UNFADING INK. Supply every item of information ca is especially important. Physicians: please write the causes of death clear

MARGIN RESERVED FOR BINDING

•	PLAINLY,
	WRITE
VS A15	PLEASE WRITE PLAI

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town City or town limin, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME George Doche	Accused 3. (b) Social Security Number
A. Sex Sex S. volor of race U.(a) Single, Farried, withough, or divorced Peale While Thankeel Sex S. volor of race U.(a) Single, Farried, withough, or divorced Peale While Thankeel Sex Sex	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birthplace (Town, county, and state) 1D. Usual occupation (Town, county, and state) 11. Industry or business	Due to
12. Name Mekalas Doeleseinas 13. Birthplace Germany 14. Maiden name Anna M. Thomas 15. 8irthplace Germany	Other conditions
Address 337 6. St. Sp. Qt. 17. Sural (Burial, cremation, or removal, Which) Date thereof (month) (day) (year)	Autopsy results PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Eastern Cin 18. Funeral director John F. Denny Jue	Where did injury occur?
19. 35 19 VD A-W Hedred (Date regid by registrar) 19. Registrar	23. SIGNATURE SZ Landon, M. D. or other Address 520 DF Date signed 58 4 48

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02460

CERTIFICATE OF DEATH

Reg. Dist. No..

		Ass.				
1. PLACE OF DEATH county Baltim				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Maryland county Baltimore		
(If outside	de city or town i	imits, write h	URAL and give nearest town)	Woodlawn		
			***************************************	(If outside city or town limits	, write RURAL and give nearest town)	
Hospital, Institution, or stre	ef address where	death occurred		Street No. 2043 Featherb	ed Lane	
	D>0000 *0000 00a 000 000 00vua a		***************************************	(If rural, give		
Hew long in hespital er inst	itulien?	*******************	***************************************	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME					3. (b) Social Security Number	
	Paul	ine Do	orl			
4. Sex 5.	Celor er race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Female	White	Wid	wo F	A		
			2011	20. DATE OF DEATH March &	19. 4. A., at 7	
B.(b) Name of husband er w	ile John	Dorl		21. I CERTIFY that death occurred on the date above	The state of the s	
0 70 000 0400 000 000000000000000000000		5.(c	e) if alive, give age		42. 10 march 20 19. 48	
7. Birth date of deceased (mo., day, yr.)	Tuna R	1980		and that I last saw is examine eo		
8. AGE: Years	Montha	Days	If less than one day	Immediate cause af death.	DURATION	
77	0	10		Chrome Pyocas	deal Degen lours	
Cra	lrow.	10	min,	f		
9. BirthplaceULA	KOW (Town	county, and s	**************************************	Due to Descrity		
40 11 1	At Home					
			***************************************	Due fo		
11. Industry or business				***************************************	g	
12. Name		F0000400000000000000000000000000000000	***************************************	Other conditions anterior self	evois	
The case of the ca	11 11					
14. Maiden name	Peresa	Finke		(Include pregnancy within 8 m	, /.	
g In	cnown		bt 1111000110000000000000000000000000000	Major findings of operations.	Beration.	
21 15. Birthpiace						
16. Informant Eli.za	abeth I	orl	***************************************	Antopsy results 40 autop		
Address 2043	Feathe	rbed	Lane	PHYSICIAN: Pfease underline the cause to whi	ch dath should be charged statistically.	
17 - 1 7		Data there	3-23-48	22. VtOLENCE: If death was due to external cause	es, fill in the following:	
(Burial Burial A)			of 3-23-48 (month) (day) (year)	Accident, suicide, er hemicide	Date of	
Cemetery or crematory	Cathedi	cal		Where did injury occur?(City or town)	(County) (State)	
Lecation Bal	timore	Marvl	and .	Injured at home, farm, industry, public place (whe		
-				Means of Injury	Injured at work?	
18. Funeral director.			Com acost		A milated at Works	
Address 3911]	Liberty	Heig	hts Ave.	(police HC	Gruacost MD	
3-27-	VO	>	B211 16.0.	23. SIGNATURE	M. D. or other	
(Date rec'd by registra	г)		Registrar	Address 64/9 Wrudson	Hill Bad man 21	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10re 93 d

02461

			4	1	
Reg.	Dist.	No.	- /		

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Mable Lettie Durm	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH. March 21 19.48 215:25 P.		
6.(b) Name of husband or wife	21. I CEPTEY that death occurred on the date above stated: that I attended deceased from 197		
E 12. Name Charles Clark 13. Birthplace N.H. 14. Maiden name Olive Lunt	Other conditions		
16. Informant Mrs. Morine Hohrein Address Halethorpe, Md. 17. Burial or removal Which? Cemetery or crematory Loudon Park Cemetery Location Baltimore, Maryland 18. Funeral director Wm. Cook, Inc. Address 1217 St. Paul Street, Baltimore 19. Maryland Registrary Registrar	Antupsy results		

0	2	4	6	2

	-TAA	14.	Cital	rea D	t., Dait	1111010	60 /
CER	TI	FI	CA	TE	OF	DE	ATH

The correct age

especially important. Physicians: please write the causes of death clean

PLEASE WRITE P

A15 SA

MARGIN RESERVED FOR BINDING

			OBITITION.	Reg. Diat. No			
1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	onsville ide city or town death? 12 geet address where	yrs 2 m e death occurred e Hospi	tural and give nearest town) os. 9 days i: tal	Street No. 1949 N. Patterson Park Ave.			
2 (a) FILL NAME				2.(a) If veteran, name war	** 1		
Kath	erine/E	berwein		3. (b) Social Security	Number		
	Color or race White		e, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH			
6.(b) Name of husband or v			c) It alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended dece January 17 19 36 to March 26	ased from 1918		
deceased (mo., day, yr.) 8. AGE: Years 68	Months	ber 21,	If less than one dayhrsmin.	Immediate cause of death Gangrene of right foot	10 days		
			atate)	Due to Diabetes Mellitus Generalized Arterio Sclerosis Due to Arterio Sclerotic Heart Disease	indefini		
13. Birthplace A	ustria		(Hewkam)	Other conditions Cerebral Accident ?			
Address 17. (Burial, cremation, or Cemelery or crematory)	spital stonsvi	Date then	eol. Maria 27 198	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	statistically.		
18. Funeral director Address 9 1 (Date reed by regist	E. Eag	w.C	orlling form	23. SIGNATURE Isadore Tuerk, M.D.	pr other		

2411 N. Charles St., Baltimore

02463

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
ger age com some	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married 1.	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 40. to 3 19. 48. and that I last saw h (27.0) alive on 19. 48.
8. AGE: Years Months Jays If less than one day 7 7 25min.	Immediate cause of death Myocarolbs 544 Operation Due to
9. Birthplace	Due to Christenson
12. Name George K. Cnoor 13. Birthplace Balto Co., Md.	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Sallie Eule 15. Birthplace Balto Co. Md.	Major fiedings of operations. Date of op.
16. Informant	PHYSICIAN: Please onderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) Demetery or crematory (Day)	Accident, suicide, or homicide
Location Butter Balts Co. md 18. Funeral director Soulan m. Barrales	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. March 13. 1948 Guil Fronty M. W. (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE AND M. D. or others. Address. Pels less mon M. Date signed. — 48

age

coast t

PLEASE 1

WRITE PLAIN

RECEIVED

MAR 16 1948 BUREAU V. S.

VS A15

MARYLAND S'	TATE	DEPARTMEN	IT OF	HEALT	Ή
-------------	------	-----------	-------	-------	---

2411 N. Charles St., Baltimore

02464

CERTIFICATE OF DEATH

Reg. Diat. No.

County	State County Daltungs City or town Durater (If outside city or town limits, write RURAL and give nearest town) Sireet No. 129 Cuffer St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Benjamine Entans	3. (b) Social Security Number 216-20-44404
4. Sex 5. Color or race 8.fa) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. C. Single	20. DATE OF DEATH 3-8-48 19 21 9:15 P
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above atated: that I attended deceased from
7. Birth date of	and that I last 2aw h. 1.22alive on 3 - 8 - 48 19
7. Birth date of deceased (mo., day, yr.) 4/24//936	and that I have say it in the say it in the say it is a say it is
8. AGE: Yeara Montha Days It less than one day	Immediais cause of death DURATION DURATION
2/	1001
9. Birthplace	Due to. OSSEOUS
1D. Usual occupation.	Due to Disseminated 150
11. Industry or business	
12. Name Hamann marlow Filans 13. Birthpiace Balletrone	Dther conditiona
MI	(Include pregnancy within 3 months of death)
# 14. Maiden name to color to opplise:	Major findings of operations
\$ 15. Birthplace Laston Ind.	Date of op.
18. Informant & Caro & Comment	Autopsy results
Address 120 Gueren et.	
17 David Date thereol March 11 - 45 (Burial, cremation, or removal, Which?)	22. VIOLENCE: tt death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cometery or crematory MAL aulum Capule	There did injury occur?
Location	Injured at home, farm, industry, public place (where?)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Maana of Injury Injured at work?
18. Funeral director.	(Inthe of) an
Address 104 / Myssell Wille	23. SIGNATURE MAJO, or other
19. March 1 19 PV CL-W, Hellie Registrar	Address 423 hun Allborn by Date aigned 3-8-48

2411 N. Charles St., Baltimore

02465

Reg.	Dist.	No.	

	CERTIFICATE	OF	DEATH
1. PLACE OF DEATH:	2.		RESIDENCI

(If outside city or town limits, write RURAL and give nearest town)

(For newborn infants give residence of mother) State County Salto City or town Maddle Soungs	
" City or town middleborough	
(If outside city or town limits, write BURAL and give neares	st town)
(If rural, give LOCATION)	
2.(a) If veteran, name war	
3. (b) Social Security Nu	umber

Hospital, Institution, or street address where death occurred:				
Juy Hall Hospital				
How long in hospital or	Institution?	/		
3. (a) FULL NAME		0 510-10		
	GRACE	A. EVANS		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
·t.	W.	married		
***************************************	or wife Harr	9 C. Evario. 6. (c) If alive, give age 5 3 years		
7. Birth date of deceased (mo., day, y	1) nov.)	19-1397		
8. AGE: Years	Months	Days If less than one day		
.50	3	/hrsmin.		
9. Birthplace	House Of Bal	ounty, and state) ewrite Alband to Lingsley C. Evano.		
16. Informant. Du.	Control H	G. Coano.		
17. (Burlal, cremation Cemetery or cremate Location	Was k	Date thereof Apr. 3-1948 Lowood Month (day) (year) Lowood Connelly Mary A. Connelly		
19. (Unte rec'd by re	gistrar)	Registrar		

	march 30		, at
may 28	19	re stated; that I atlended dec	30 19 4
and that I last saw h	eaailve on Ma	rel 26	19.4.2
Immediate cause of d			DURATION
Careens	natosis	feneralized	1/24
2.1.	roma of h		2910
Due to		***************************************	Q
Other conditions	y pertension designation of the second desig	e Cardio-	
(Incl	ude pregnancy within 3 m	nonths of desth)	
Major findings of ope	rations	***************************************	

MEDICAL CERTIFICATION

	Date of op
Autopsy results	which death should he charged statistically.
22. VIOLENCE: If death was due to external c	auses, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town	(County) (State)
injured at home, farm, Industry, public place	
Meens of injury	Injured at work?

23. SIGNATURE TORY OLE MY	0
25. 515	M. D. or other
Address Ridge Rd Balt - 6 Date	signed 3 / 3 / / / /

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, is especially PLEASE

M

County.....

VS A15



2411 N. Charles St., Baltimore

02467

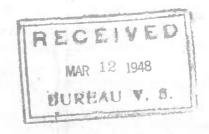
CEDTIFICATE OF DEATH

CERTIFICA	IE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Sally County. City or town. (If outside city or town limits, white RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town County Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mathaniel W. France 8. (a) Single, married, wildowed, or divorced,	
5. Color parace (5.(a) Single, married, wildowed, or divorced Wildowes)	MEDICAL CERTIFICATION 145 20. DATE OF DEATH MARCH 9 148 at P.
6, (b) Name of bursband of wife Solon Solo	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4
8. AGE: Years Months Days If less than one day	Cerebol Inbelien Hay
9. Birthplace (Town, county, and mate) 10. Usual occupation (Town, county, and mate)	Due to. Que de la company de l
11. Industry or business The Dianety 12. Name Dianety 13. Birthplace	Other conditions
14. Maiden name Margaret J. Wilson 15. Birthplace	Major findings of operations
18. Informani Mrs. Morguerite V. Neckour. Address 56 18 ash bourne Road	Actopsy resolts
17. Burial, cremation, or removal. Which?) Cemetery or complete of complete or complete o	Accident, suicide, or homicide
Location Bollimore Md 18. Funeral director Downard Strong	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 3207W. Morth auf 19. Mah 9 18 48 Se Kieffer Registral	23. SIGNATURE STANK: June M. D. opther M. D. opther Date signed Mal 9. 4

FOR BINDING MARGIN RESERVED WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE VS A15

especially



PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02466

3/e 32

1/ PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)						
City of town Mount Wilson Stale Maryland Couply						
How long in above place of death? O		Cily or town Baltimore Ci				
			rium	Street No. Sydenham Hosp	LOCATION)	LS.,
			mos.,27 days	2.(a) If veteran, name war		
3. (a) FULL NAM	(a) FULL NAME Leo Farnam 125-09-56					
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced		ERTIFICATION	A
Male	White		Single	20, DATE OF DEATH March 4,	1948	11:30 7
7 Pirth date of	d or wife	6.0	(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date about to ber 6, 1947s. and that I last saw h 1.M. alive on Mar	ove stated; that I attended dec to Mar. 4	eased from .919.48 19.48
8. AGE: Yea		Days 6	If less than one dayhrsmin.	Pulmonary Tuberc	ulosis	2 yrs.
10. Usual occupation	9. BirthplaceTroy, New York (Town, county, and state) 1D. Usual occupation Kitchen Worker 11. Industry or business		Due to	••••		
	Troy. New			Other conditionsNone		
				(Include pregnancy within 3 months of death) Majur findings of uperations		
≥ 15. Birthplace	Troy, Ne	ew Yo	rk			
16. Informant	16. Informant Leo Farnam Orderly Qts. Address Sydenham Hosp., Balto., Md.			Autupsy results		
Burial Dale thereof Mar. 8, 1948 (month) (day) (year)				22. VfOLENCE: If death was due to external cau Accident, suicide, or homicide		
Cemetery or crematory St. Peter's Cemetery				Whers did Injury occur?(City or town)	(County)	(State)
Location Troy, New York		Injured at home, farm, Industry, public place (w	here?)	000000000000000000000000000000000000000		
18. Funeral director	18. Funeral director. Wm. Newell & Sons		Misens of Injury	Injured at work?	/	
	ikesville	~	1 4 1 1 1	23. SIGNATURE Stewart	SMaff	a m D
19. Mar. (Date rec'd by	4, 148 registrar)	Ca	el la Websler Registrar	Address Mt. Wilson, Md.		3/4/48

RECEIVED

MAR 9 1948

BUREAU V. S.

and the state of t

,	-	9
	18.0	9
	141	+9

1. PLACE OF DEATH:

of death clearly and information careful causes important. especially PLAINLY is especial

FOR BINDING

ARGIN RESERVED

CEDTH	CICATE	OF	DEATH
CERTI	FICATE	Ur .	DEAIR

	Reg. Diat. No.
Е (НОМ	E) OF DECEASED:
s give reside	nce of mother
	County Collimate
100	- A- C

City or town .. (If outside city or town limits, write, RURAL and give nearest town) Street No. (If rural, give LOCATION)

2.(a) If veteran, name war......

2. USUAL RESIDENC (For newborn infant

3. (0)	Social Security	Linmbel

City or town. (If outside city or town limits, write RURAL and prive nearest town)
How long in above place of death?
How long in hospital or Institution?
3. (a) FULL NAME
4. Ser 5. Color or race 6.(a) Single, married, widowed, or divorced
Eunele White Single
6.(b) Name of husband or wife
7. Birth date of deceased (mo., day, yr.) WNE -9-1862
8. AGE: Years Months Days It less than one day
Bollando ma
9. Birthplace (Town, county, and state)
10. Usual occupation 770ML
11. Industry or business none
12. Name Samuel Flydd -
13. Birthplace
14. Maiden name Sarahs Melly 15. Birthplace Billy, Ma
16. Intermant Misses Fiers (Rislers)
Address 600 Bosley OW
17 Burnal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)
Cemetery or cremetery Scalleman Mount
Location Description of the Location of the Lo
18. Funeral director
Address , OS WIII macave, A

Dallinose

	attended deceased from
23 19 47 , to	Derrel 28 19 49
and that I last saw h. A. alive on Mek. 76 5	19.44
Immediate cause of death	DURATION
Immediair cause of death I hromboer	- Zussec
Due to Beneral arleno	
Deleroses	
Due to Mystardise many	Licence
	7
Diher conditions Lenululy	
-%	

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide..... Where did Injury occur? (City or town) (County)

Injured at home, farm, Industry, public place (where?)

Major findings of operations.....

Injured at work? Means of injury

23. SIGNATURE.... Date signed

(Date rec'd by registrar)

Die fedru

SA

SE EA

1	Evidence for change of MARYLAND
W 2	age and birth date shown en: 2
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	MMC. G 11 APR 6 1948 CERT
fully. The con and legibly.	1. PLACE OF DEATH: County City or town
information carefully of death clearly and	How long in hospital or institution?
infor of d	4. Sex 5. Color strace 8.(a) Single, married, widowed, or d
	Fernale white Widow
OR BINDING every item of ite the causes	8.(b) Hame of husband or wife Joseph Rearren 7
FOR solution write	7. Birth date of deceased (mo., day, yr.) 2. 13- 18-71
VED F Supply ease wr	8. AGE: Years Months Days If less than one day
RGIN RESERVED ADING INK. Sup Physicians: please	9. Birthplace Deltasia Md (Towe, county, and state) 10. Usual occupation House of L. 11. Industry or business
₹	12. Name David Messmen 13. 9irthplace Pa
TH UN portant.	14. Maiden name Louisa Rudolph 15. Birthpiace Paris France
→ Fig	\$ 15. Birthplace Plane France
ally,	18. Informant Bleenche May Usign
LAIN	11 Busial Date thereof Munch
TTE PI	(Burial, cremation, or removal. Which?) (moeth) (day
WR	Location Messacle a Ma
A15	Address Pikeserlle, many land
VS.A	18. 3 9 19 Aw. Her (Date rec'd by registrar)

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
en t	2411 N. CI	harles St., Baltimor		430

ERTIFICAT

ive nearest towe)

02469

TE OF DEATH	Reg. Diat. No.
(For newbore iefaets give	HOME) OF DECEASED: ve residence of mother) County Dallings
City or town	or town limits, write RURAL and give nearest towe)
2.(a) If veteran, name war	
	3. (b) Social Security Number
	DICAL CERTIFICATION 1048 of 6:40A.
21 I CERTIEV that death accurred	on the date above stateds that I attended deceased from

and that I last saw h	19.4
Immediate cause of desth	DURATION
Due to attrice Service	*************************
Due to.	000000000000000000000000000000000000000
Other conditions Applications and	700000000000000000000000000000000000000
(Include pregnancy within 3 months of death)	***************************************

PHYSICIAN: Please coderlice the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Where did Injury occur?(City or town)

injured al home, farm, Industry, public place (where?)

Meens of injury injured at work?

PLEASE

VS A15

(73

1 DIACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

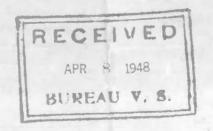
02470

CERTIFICATE OF DEATH

2 HIGHAL RESIDENCE (HOME) OF DECEASED

eg. Dist. No. 44

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Balto	State Md. county Balto.
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of dealh?	City or town
How long in above place of dealing	Street No. Fitch Av
19 Harrison Are	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
EVA FITCH	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	
Female White Marrisb	20. DATE OF DEATH March 26 19.48 , at 11:30 PM
8.(b) Name of husband or wife. When F. F. t.ch.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(0) Name of nuspang of wife4.4	march 20 1944 10 march 26 1948
7. Birth date of	and that I last saw h 11 alive on March 36 18 48
7. Birth date of deceased (mo., day, yr.) 2/27/94	Immediate cause of death
8. AGE: Years Months Days If less than one day	Rulinonary edema Ihr
5-4 0 27hrs. min.	J. Washington and S. Carlotte
9. Birthplace /3 a / t a A d (Town, county, and state)	Due to Cardiae decompensalian 6days
1D. Usual occupation	Bue to He sextensing cardio lase, 7
11. Industry or business	of disease
	Bither conditions Caronary thrombosis bodays
	Oralistes melletus; dialistic acidos; (Include pregnancy within 3 months of death)
14. Maiden name Eva Shutz 15. Birthplace Pa I to. Co. Md.	Major findings of operations.
15. Birthplace Balto. Co. Md.	major manings of operations
13. Brimpiace	221e 01 op.
18. Informani	Autopsy results
Address Fitch Ave Fullerton	
8 1 3048	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St Josephs	Where did injury occur?
12 11 11 11 11	
Location Jan Lanco Md	Injured at home, farm, industry, public place (where?)
19 Superal director Lassohn Tuneral Ham	Means of Injury Injured af work?
16. Fullerat uneston.	
Address 740/ Belair And	23, SIGNATURE PRAYulle mp
3/2-6/ 148 Apr 4. Ormely	M. D. or other
19. 3 2 6 19. The Man Start Registrar Registrar	Address Rafe Rd Balt - 6 Date signed Marel 2) 1/4
	1 mg



7. Birth date of

8. AGE:

deceased (mo., day, yr.)

10. Usual occupation.

11. industry or business

13. Birthplace

(Date rec'd by registrar)

14. Maiden nar 15. Birthplace

MARYLAND STATE DEPARTMENT OF HEALTH

()	2	4	7	1
	-	with	-	nothing.

2. USUAL RESIDENCE (HOME)	OF DECEASED:	
2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	f mother)	
Maryland c	ounty	***************
City or town Baltimore (If outside eity or town limi	te write DIPAT and size neare	
8)19 Park Avenu	A STATE AUGUST AND BITT HOUSE	at town,
Sireal No. 819 Park Avemu	o LOCATION)	*****************
2.(n) If votoran, nome war		***************************************
	3. (b) Social Security No	umber
	Unknown 2	12-16-
MEDICAL C	CERTIFICATION	
30. DATE OF DEATH March 12	10.118	5.10
21. I GERTIFY that death recurred on the date a		
March 12	48 10 March 12	19.48
and that t last naw h i.M alive an	arch 12	19.42
Immediate value of death LACERAT.		DURATION
OF BRAIN		

		2 days
Cause not long	-m	
Bus 10 Thought & have	ben course	
But to Thought & have	ben come	
But to Thought & have	ben come	
Due 16 Thought & have by a fall lame of Biher conditions of materials	been course de alair Cara La	
Due to Thought & have by a fall dame of the conditions within a same of the conditions of the conditio	ben come l Talair Roma Linta [4/27/48 8 months of death)	
Onuse not form Bue to Thought & have by a fall land Other conditions within a same (Include pregnancy within a Major findings of operations	ben come of State L4/27/48 months of death)	alus]
Onuse not form Bue to Thought & Care Gry a fall land Other conditions Links and (Include pregnancy within a Major findings of operations	ben equal Slaines Sinta [4/27/48 Smooths of death)	alie]
Due to Thought & have Grant to have Gine conditions within a (Include pregnancy within a Major findings of operations Actores results Substantiate PHYSICIAN: Please underline the cause to	benn Coma D Thin E4/27/48 months of death) Bolo of on. d. 20000 which death should be charged sto	alca]
Due 16 Thought & have Grand fall lower Grand for findings of operations Actores results Substantiate PHYSICIAN: Please underline the cause to	benn Coma D Thin E4/27/48 months of death) Bolo of on. d. 20000 which death should be charged sto	alca]
Major findings of operations Actores results Substantiate PHYSICIAN: Please underline the sause to 1 22. YIOLENCE: 11 death was due to external of	benn ecura o Elain Eq. (27/4) months of death) Bolo of on. d. 2000 d. 2000 which death should be charged at	alca]
Other conditions of operations Major findings of operations Actors results Substantiate PHYSICIAN: Please underline the cause to 1 22. VIOLENCE: 11 death was due to external co	benn ecura o Elain Eq. (27/4) months of death) Bolo of on. d. 2000 d. 2000 which death should be charged at	alca]
Due to Thought & have Grant to have Gine conditions within a (Include pregnancy within a Major findings of operations Actores results Substantiate PHYSICIAN: Please underline the cause to	Smonths of death) Bele of on. Charles of death) Bele of on. Charles of death about the charged at a special and a special an	alca]

CERTIFIC Fort Howard (If outside city or town limits, write RURAL and give nearest town Hospital, institution, or elreet address where death coourred: Veterans Administration Hospital How long in heapital or institution? Ly hours THOMAS A. FRERE 8.(a) Single, married, widowed, or divorced 5. Color or race White Married 8.(b) Name of husband or wife Lucy M. Frere

January 31, 1897

Tompkinsville, Md. (Tewn, seunty, and state) Unemployed.

William J. Frere Washington, D.C.

Maryland

Fort Howard. Md.

14. Maiden name Josephine Phillips

16. Informant Clinical Records, Vets. Adm. Hosp.

Cemetery or crematery ... Baltimore National Cemetery ...

4914 Belair Road, Baltimore, Md.

18 Funeral director Howard Blight Funeral Home

Date thereof ..

Months

Bays

12

8.(c) It alive, give age52

If less than one day

(month) (day) (year

RESERVED FOR MARGIN import

WRITE

PUEA-SE

CERTIFICATE OF DEATH

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
countyBalti						
Cily or town				State Maryland 60 City or town Essex (If outside city or town limi		
How long in above place of	of death?	Days	d:			
Vets. Adm.	Hospital,	Ft. H	loward, Maryland	Street No 8 Terrace Road (If rural, giv		
How long in hospital or	institution?9	Days		2.(a) if veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
	FRANK J.	GEGORE	K		Unknown	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
3/07.0	7070-2+-		Samuia d			0 00 5
Male	White	1 1/4	[arried	20. DATE OF DEATHMarch31,		
6.(b) Name of husband o	r witeJoseph	ine Ge	gorek	21. I CERTIFY that death occurred on the date at		
		. 6(c) If alive, give age 5.0years	March 22,		
7. Birth date of		7.005	y in anivo, give age in parameter in years	and that I tast saw h.imalive onlian.	ch31	19 48
deceased (mo., day, yr.	Months	Days	tfiess than one day	Immediate cause of death		OURATION
8. AGE: Years	-			Thrombosis of left and		
50	5	21	hrsmin.	Coronary Artery with	infarction	2 wks
9. BirthplaceBa	Ltimore. N	arylar	ıdatate)	Due to		plus
40 Houst assumption	Salesman		•••••		***************************************	************************
	. 101.00.00.00.00.00.00.00.00.00.00.00.00.	****************	••••••	Gue to	••••••••••••	***************************************
11, industry or business						
H 12. NameFra	inkGegore	k		Other conditions Occlusion of		
13. Birthplace				artery (Include pregnancy within 3	December of Joseph	unknown
14. Maiden name]	Trances K	UMA	SA			
E 14. Manden Hanne.1	7.7.1.1	7.5-	7 - 3	Major findings of operations		
≥ 15. Birthpiace	Baltimore	, Mary	Land			
16. Informant Clini	ical Recor	ds., Ve	ts. Adm. Hosp.	Antopsy results Substantiated	i above.	
Address Fort.	Howard, N	farvlar	nd	PHYSICIAN: Please underline the cause to v		statistically.
				22. VIOLENCE: If death was due to external ca		
Burial (Burial, cremation, or removal, Which?) Bale thereof (month) (day) (year)				Accident, suicide, or homicide	Date of	
Cemetery or crematory Baltimore National Cemetery			ional Cemetery	Where did injury occur?(City or town)	(County)	(Stata)
Cometery or cremeter.	Baltimo	re, Mo		tnjured at home, farm, Industry, public place ((Dinte)
Location						
18. Funeral director	Edakows	ki Fur	neral Home	Means of injury	injured at work?	
Address 2007 Eastern Ave., Balto., Md.				104 0 100	-1	
Maniezz	2.0	1	1. 11 1 1 1	23. SIGNATURE N.C. Merrou	77.	r other
19. April	2 1948	- /4	w. Hearel	Add VAH, F. Howard, Md.	M. D. Chief Pr	ofessiona
(Date /c'd by reg	istrar)		An Registrar	Addressan P. 1 . I Wal a Ma		4=1=40

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINLY, v

PLEASE

SA

FOR BINDING

RESERVED

MARGIN

information carefully of death clearly and

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

RITE

ASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02473

		28
Dist	M-	38

CERTIFICATE OF DEATH

			CERTIFICA	IL OI DEATH	Reg. Diat. No.	
1. PLACE OF DE	Rol+	imore		2. USUAL RESIDENCE (HOME) (For newborn infants give realigence of		
City or town(If	owson outside city or town of death?	limits, write R ife e death occurred	URAL and give nearest town)	Street No. 35 Willow Ave	its, write RURAL and give nearest to	own)
3. (a) FULL NAM		FLORENC	E MAY GERMAN		3. (b) Social Security Numb	er
4. Sex Female	5. Color or race White		e, married, widowed, or divorced	MEDICAL C	CERTIFICATION	3:10A.
6.(b) Name of husband 7. Birth date of	6.(6) Name of husband or wife. William Morris German 6.(c) If alive, give ageyears 7. Birth date of September 5 1887			21. I CERTIFY that death occurred on the date a	bove stated; that I attended deceased fro	om 19.48
8. AGE: Year	yr.) beloca	Days	if less than one dayhrs. min.	Immediate cause of death	tige 2	DURATION 4.
10. Usual occupation. 11. industry or busines	House At	wife Home	e Co., Maryland	Due to		دېده
14. Maiden name Sarah E. Biddison 15. Birthplace Maryland William Morris German				(Include pregnancy within Major findings of operations. Man	<u> </u>	_
Address 35 Willow Ave., Towson, Md. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Prospect Hill Cemetery Location. Toyson, Balto. Co., Maryland 18. Funeral director. Towson, Mayyland				PHYSICIAN: Please underline the caose to 22. VIOLENCE: If death was due to external c Accident, suicide, or homicide	Date of	ie)
19. Thate	h 6, 19. 4	8 Shall	Although All Registral	1 no Val R	Party 12 Med M. D. or other	nich'4



MAR 24 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02474

462

CERTIFICATE OF DEATH

		60	
eor.	Dist.	No. 90	

1. PLACE OF DEAT	Parky	1110		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County			***************************************	
			RURAL and give nearest town)	State Maryland county Parkville City or town Baltimore
How long in above place of	death?		4	City or town
Hospital, Institution, or st	reet address where Ol Harf	death occurre	18 0 e d	Street No. 8401 Hæford Road
***************************************	**********			(If rural, give LOCATION)
How tong in hospital or in	nstituiion?			2.(a) If yeteran, name war
3. (a) FULL NAME				3. (b) Social Security Number
		Will	iam A. Gilley	267-05-9037
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION
male	white		married	20. DATE OF DEATH March 28th 19 48 of // P M
6.(b) Name of husband or	wife	Marg	aret Ann	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
			(c) If alive, give ageyears	april 2 10 42 10 March 28 10 48
7. Birth date of	Tunna			and that I last saw h modalive on March 28 19.48
deceased (mo., day, yr.)		6th,		Imprediste cause of death
8. AGE: Years	Months	Days	tt less than one day	Carcinoma of Calcum
82	9	23		Charis misso or ditio 5 years
9. Birthplace	Baltim	ore,	Md .	Oue to
	T:		1	
10. Usual occupation				Due to
11. Industry or business		~		
12. Name	ames T.	Gill	ey	Other conditions Nepatities
13. Birthplace	Bal	timor.	e	
Handler name	Mary R	illev		(Includo pregnancy within 3 months of death)
14. Maiden name	Ral	timor	۵	Major findings of operations.
15. Birthplace	Dai	O I III OI 1		Date of op.
16. Informant	Mrs. M	argar	et A. Gilley	Autopsy results
	8401 H			PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address				22. VIOLENCE: If death was due to external causes, fill in the following;
17. Buris (Burial, cremation, o	B.L.	Date the	reof 4-1-48 (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, o				
Cemetery or crematory			n Park	Where did injury occur? (City or town) (County) (State)
Location		Baltin		Injured at home, farm, Industry, public place (where?)
18. Funeral director	Leona	rd J.	Ruck	Means of Injury Injured et work?
			2 1/7 4	0/0/0/ 10000
		ora Ro	oad, #14	23. SIGNATURE OF 1. Yarvold MX
19. 3 31 (Date rec') by regis	19. X	- 17	-D. Hedreel	M. D. or other

A15

LEASE

2411 N. Charles St., Baltimore

02475

				CERTIFICAT	E OF DEATH	Reg. Dist. No. 30
Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 18 years, 7 months, 27 days					2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of state	
					City or town	
How long in hospital	or insti	tution?48	years,	7 months, 27 days	2.(a) It veteran, name war	
3. (a) FULL NA	ME	Jac	ob Gros	s		3. (b) Social Security Number
4. Sex	5. 0	Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION
male		white		single	20. DATE OF DEATH March 19	1948 21 6:30 8
R (b) Name of husbar	nd or wit	te			21. I CERTIFY that death occurred on the date al	
				c) It alive, give ageyears	19	, to
7. Birth date of deceased (mo., day		186		7	and that I last saw halive on	
8. AGE: Yes		Months	Days	If less than one day	Immediate cause of death	DURATION
	85	?	?	hrs, min,	acula Carolis	- Failure
9. Birthplace				Due to.	scular diseas	
11. Industry or busin	ess	Unknow	n			
12. Hame		?	<u> </u>	0.	Other conditions	
		?			(Include pregnancy within 3	months of death)
14. Maiden nam 15. Birthplace		?			Major findings of operations	
16. Informant Hospital records Address Catonsville-28, Maryland 17. Buried (Burial, cremation, or removal. Which?) Cemetery or crematory Spring Grove State Hospital Location Catonsville 28, Md.				Autopsy results. PHYSICIAN: Please guderline the cause to which death should be charged statistically.		
			eot32918 (month) (day) (year)	22. VIOLENCE: It death was due to external ca	Date of	
				Where did Injury occur?(City or town)		
					Injured at home, tarm, Industry, public place (Means of Injury	Injured at work?
18. Funeral director			rove St	ate Hospital Md.	9. M	V. Classin
19. 2.2 (Date rec'd by				4.	23. SIGNATURE	M. D. or other Date signed 3 - 19-

MAR 30 1948
BUREAU V. S.

CONTRACTOR OF THE

WITH UNFADING INK. Supply every item of information contracts an important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PI

Z

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02476

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore	State Maryland County Baltimore	
City or town	Catawardla	
How long in above place of death? Unknown	City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town	/n)
I MUSDIAL INSTITUTION, OF STREET AUDIESS WHERE DESTR. OCCURED.	Street No. 906 Frederick Road	
Spring Grove State Hospital	(If rural, give LOCATION)	
How long in hospital or institution? 6 days	2.(a) veteran, name war	
3. (a) FULL NAME Henry Gunther	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Widowed	20. DATE OF DEATH. March 13 1948 31 5:	40 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 7 19.48 to March 13	19. 48
7. Birth date of	and that I last saw h im allve on March 13 1948	
deceased (mo., day, yr.) The December 31 1861	Immediate cause of death	URATION
8. AGE: Years Months Days It less than one day	Left lower lobar pneumonia	5 hour
86 2 13hrsmin.	undiagnosed	******
9. Birthplace County (Town, county, and state)	Oue to Generalized arteriosclerosis Inc Arteriosclerotic heart disease	ief
1D. Usual occupation Florist & Gardner 11. Industry or business Self	Bueto. Hypertensive cardio-vascular '	1
	Other conditions Decubitus	
F		
	(Include pregnancy within 3 months of death)	
14. Maiden name. A nna, K. 15. Birthplace Germany	Major findings of operations.	
15. Birthplace Germany	Date of op.	
t6, Informant Hospital records	Autopsy results	
	PHYSICIAN: Please underline the cause to which death should be charged statistical	Пу.
000000000000000000000000000000000000000	22. VIOLENCE: It death was due to external causes, till in the following:	
Burial (Burial, cremation, or removal, Which?) Bate thereol March 16, 1948 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Loudon Parik	Where did injury occur?	
Raltimore	Injured at home, farm, Industry, public place (where?)	
100211011	Means of Injury Injured at work?	
18. Funeral director Selection 18. Funeral director	darly tul	
Address 1200 W. Jonebard Str.		
3/15 V8 A.W. Hedrick	23. SIGNATURE I sadore Tuerk, M. D. M. D. or other	
19. 3/13	Catvnsville. 28. Md. Gata signed 3/13	/48

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

02477

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH Bully 1000	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fortnamborn infants give residence of mother)
City or lown (If outside city or town limits, write RURA) and give nearest town)	State County Tallo
How long in above place of death? White States	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Grove Ellavard Hall	2. (b) Social Security Number
Male Hule Municed.	MEDICAL CERTIFICATION 20. DATE OF DEATH 1948 11/15 P. M
8.(b) Name of husband or wite sheller 7 + tiles years years	21. ICERTIFY that death occurred on the date above etated; that I ettended deceased from
7. Birth date of deceased (mo., day, yr.)	and that i fact eaw h. M. alive on 4
8. AGE: Yeare Months Days If less than one day	Described of death
9. Birthplace Pleli Pfour B. Co Md.	Due to.
1D. Veual occupation. La tell tores	Due Chranic Myocardeles Seft 1-48
11. Industry or businese 12. Act 12. Name 12. Name 12. Name 12. Name 12. Name 13. Birthprace 12. Name 12. Name 12. Name 13. Birthprace 12. Name 13. Sirthprace 13. Sirthprace 12. Name 13. Sirthprace	Other conditions.
14. Maiden name Lange Calfan	(Include pregnancy within 3 months of death) Majur findings of aperations
S 15, Birthplace Med	Oate of op
16. Informant Miss heller Half	Autupsy results
Address March 29/948	22. VIOLENCE: If death was due to external causes, fill in the following:
Date thereof Market (day) (year)	Accident, suicide, or homicide
Cemetery or crematory foreston concerns	Where did injury occur?
Location Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director acat Taxlenslens	2 2 2 7 7 7
Address / Hew Hylldom, Va	23. SIGNATURE C. D. E. Dush M. D. or other
(Date rec'd by registrar) 1945 Cheeslas J. G. Registrar	Goods & dans Stiad MA Date signed 3-76-48.

APR 3 1948
BUREAU V. S.

That There There of

110 later Stofe

2 11 1 15 2

THOSE HOLLENS OF BURL

no ighiland Thate

The Header Thomas

Ju 12 July 2 1461 1 41 45

Comment & presidente

Cherone Majoranteles Sirt 4

Mich 26 45 1.15 P.

Exact statement of OCCUPA-D. Every item of infor-, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. TION is very important.

-WRITE

V. S. No. 1 B

M

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	934
County Baltimore	Registration Dist. No. 30
Village or City Cationsville	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds.
0 11 11/1/1	
2. FULL NAME fulla At Hallowell	If U. S. Veteran, specify WAR
(a) Residence: No. Who knulles M. A. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White OR DIVORCED (write the word)	March (Month) (Day) (Year)
5a. If marriad, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6 DATE OF RIRTH (month day and year) March 29-1863	augus 0 8 , 194 T , to March 10 , 1948
6. DATE OF BIRTH (month, day, and year) March. 29-1860 7. AGE Years Months Days If LESS than	I last saw h 22 alive on Manual 10, 19 4 2; death is said to have occurred on the data stated above, at 1. 20 1 m.
(1) 1 1 1 1 1 1 1 1 1	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	wara as follows: Data of ongat
kind of work done, as SPINNER, Home maker	1011/41
9. Industry or business in which	Janualized anteriorilaris 1930
work was dona, as SILK MILL, SAW MILL, BANK, etc	7.50
10. Data decased last worked at this occupation (month and year)	
X D. Cl. 9	Other Contributory Causes of Importance:
12. BIRTHPLACE (cily or town)	Desilit due to asteriorelevies 1745
13. NAME James Hallowell	
	Name of operation
15. MAIDEN NAME Mang-nati Stables	What tast confirmed diagnosis? Was there an aulopsy?
VI I Bhi and	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
2 16. BIRTHPLACE (city or town) - Afficial Spring Mo ((Stale or country)	Where did Injury occur?
man Florence Carlo ton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT AND COUNTY CAMPAGES AND TO ST. Ahit. Va.	open, monet many occurred in modern , in nome, or in robert react.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sandy Springer Doublanch 13, 1948	Nature of Injury
19. UNDERTAKER With Reuben Purphrey	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Betherdo md.	If so, specify
20. FILED March 11, 1948 UE, Harry	(Signed) Melany Re Hallager M. D.
Registrar.	(Address) 6209 Fredericy Rd. 13als. 28

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis RECEIVE	3 days ago
		MAR 16 1948	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RITE

S

rrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02479

Reg. Dist. No. 44

CLICITITION	Reg. Dist. No.
1. PLACE OF DEATH: County Baltiman	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
or town. Spanson of the state of death?	City or town (12 of side city or town limits, write RURAL and give nearest town) Street No. 1259 Balchustal Ral
1259 Beechwood Rd.	(If rural, give LOCATION)
How long in hospital or institution?	
3.(a) FULL NAME Betty Ruth Danlin	3. (b) Social Security Number
4. Sex Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Single	20. DATE OF DEATH March 22 19.48 at 7 A. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from October 27 19.47, to March 22 19.48 and that I last saw h 2 alive on March 19. 19.48
deceased (mo., day, yr.) Wotober 27. 1941 8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION DURATION
9. Birthplace Batternia bounty Margland (Town, county, and state)	
10. Usual occupation	Due to Mongolism life
11. Industry or business none 12. Name Waltin N. Hanlin 13. Birthplace Wheeling W. Va.	Dither conditions
13. Birthplace Wheeling W. Va. 14. Malden name Betty Guth Bell 15. Birthplace Wheeling W. Va	(Include pregnoncy within 3 months of death)
15. Birtholace to heeling to Va	Major findings of operations.
1.10th 20 3/2 1.	Actopsy resolts.
16. Intermant Walle of States	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address /259 Deschwood Rd., Sparrous Voin 17. Burial (Burial, cremation, or regnoval, Which) (Burial, cremation, or regnoval, Which) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Oak Lawn Cematery	Where did Injury occur?
Location Castern Cive	Injured at home, farm, Industry, public place (where?)
18. Funeral director Roland L Disher	Moans of Injury Injured at work?
Address 2112 Dundally line.	23. SIGNATURE Robert E Failer M. D
19. Mar. 23 19 48 Rowers Z. Tore	M. D. or other M. Or other M. D. or other M. D. or other M. D. or other M. Or oth

RECEIVED

MAR 26 1948 BUREAU V. S.

Registered No.

CERTIFICATE	OF DEATH BE
1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland (b) Street address (c) Hospital or institution:	(c) City or town (If outside city or town limits, write RULAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 206 N. and Street (If rural give location) (e) Citizen of foreign country? (Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
3 (a) FULL NAME	Hardrick
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION 20. DATE OF DEATH 3 - 26 1968, at M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that I took charge of the remains described above, held an
6 (b) Name of husband or wife Plank	Autopsy, Inspection or Inquiry
6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.)	to death on the day stated above, and death in my
8. AGE: Years Months Days If less than one day	opinion resulted from: natural causes [], accident [], suicide [],
3/ hrmin.	homicide , undetermined and that the causes of death were:
9. Birthplace (Town, county, and state)	IMMEDIATE CAUSE OF DEATH
10. Usual Occupation Chauffeur	,
11. Industry or business	D
12. Name William Hardrick	Due to
2 13. Birthplace Sw.	Other Conditions
14. Maiden Name Mary Butter	
S 15. Birthplace	(Include pregnancy within 3 months of death)
16 (a) Informant William Hardrick	22. If an external cause was primary or contributing cause of death, fill in the following:
(b) Address 206 Y). and the	(a) Date of injury 3/2 6/46 A.M
(Rurial exemption or removal) (month) (day) (year)	
(Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory A Calyang Cm	(b) Where did injury occur? (c) Did injury occur at home. In farm, industrial place, in public
Location Q. G. County mil	place? While at work? No
18 (a) Funeral director Mrs Potter Ellist a gar	(d) Means of injury
(b) Addreps 1 29 n. Curl of 4	23, Signature M.D. Medical Example
19 (a) 3 29/8(b) A W Hellul Registrar	Date signed 3/26/48

VS 151

MARGIN RESERVED FOR BINDING

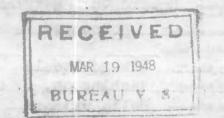
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bultimore

CERTIFICATE OF DEATH

BUI	24	8	1	
Reg. Dist	. No		32	

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Mount Wilson, Balto, Co., Md.		State Maryland County				
City or town. Mount. Wilson (If outside city or town limits, write RURAL and give nearest town)		City or town Baltimore City (If outside city or town limits, white RURAL and give nearest town)				
How long in above place	of death? 3 yr	S., 7	mos.,17 days			
				street No. 3640 Malden Av		***************************************
			s Sanatorium	(If rural, give	LOCATION)	V
		5.,7	mos.,17 days	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME	Mrs	. Ali	ce Harvey		3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	M	Vidow	20. DATE OF DEATH March 14,	10/18	37.20 P
	P.3	1 0	77	21. I CERTIFY that death occurred on the date above		
6.(b) Name of husband	or wife	ra	Harvey	July 26,		
7. Birth date of			c) If alive, give ageyears	and that I last saw h.e.ralive onMal	cch 14.	19.48
deceased (mo., day, y	Novemb	er 21	, 1891			
8. AGE: Years	Months	Days	If less than one day	Pulmonary Tubero	culosis	8 yrs.
56	3	22	hrs,min,			***************************************
9. Birthplace Howard Co. Maryland (Town, county, and state)		Due to Tubercle Bacilli				
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		A. T. A.	***************************************	Due to		•••••
11. Industry or business	T 3 3	C+ 7	e			
里 12. Name				Other conditions None		
13. Birthplace	Washing	ton,	ν. C.	(Include pregnancy within 3 m	onths of death)	
물 14. Malden name	Bella G	rimes		Major findings of operations No ope:	ration	
14. Malden name 15. Birthplace	Howard	Co.,	Maryland		Date of op.	
			У	A-t		••••••
				PHYSICIAN: Please nuderline the cause to wh	ich death should be charged	statistically.
			Balto., Md.	22. VIOLENCE: If death was due to external caus	ses, till in the following:	
Buri	or removel Which?)	Date there	March 17, 1948 (month) (day) (year)	Accident, suicide, or homicide		· · · · · · · · · · · · · · · · · · ·
Cometery or crematory St. Mary's Cemetery				Where did injury occur?(City or town)		
			ryland (Balto.)			
				Injured at home, farm, industry, public place (wh		
18. Funeral director	henoweth	Fune	ral Home	Means of Injury	Injured at work?	
Address 3615 Chestnut Ave, Balto, Md.			, Balto, Md.	23. SIGNATURE Stewarts	Shaffer	mi D.
19. Mar. 1	4 9 19 48	. Ca	l / Websler Registrar	Address Mt. Wilson, Mc	M. D. o	3/14/48
			2	10 10 0 6 5 70	. 10	1



Ed . of the . see months of the

THE COURSE OF SHIP CO

STATE OF THE PARTY OF STREET

10 70000000 水石建筑了100度

TO A STATE OF THE PARTY OF THE

Water to the second of the sec

PLEASE

VS A15

borrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02482

CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEATH: 148- Winters are!	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn, infants gig-residence of mother)
City or town setters will Wa.	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Catousville
How long in above place of death?	it outside city or town limits, write Carl and give nearest fown)
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME George	Tendersay, Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wildwick	MEDICAL CERTIFICATION 20. DATE OF DEATH MUCK 26 4 19.48 at 11.45 A
8.(¿) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw have allye on 3 - 26 - 48 19.
deceased (mo., day, yr.) Leco, 26, 1879.	Immediate cause of death DURATION
8. AGE: Years Months Days If leds than one day	J
(08)hrsmin.	Cosmary acclusion 15 min
9. Birthplace	Due to.
(Town, county, and state)	Mary mangle may
10. Usual occupation.	Due to Cartos as - ados of se Hourthas
	Dither conditions ()
12. Name: Hessier Hendells 13. Birthplace 1 Mel.	teltousuma Herrica
# 14. Maiden name. Muraenda :	(Include pregnant) within 8 months of death)
14. Malden name	Major findings of operations.
my Henderal W.	Autopsy results.
16. Informant H To Mell uses Over	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address 7 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. W. Jaelslegell	Means of Injury Injured at work?
Address 9/8- Durid Still are	23. SIGNATURE Cott Malaney
19. 3/29 (Date re'd by registrar) 19. Registrar	Address 5 7 Minters Sage Date signed 3/26/1
(Date age of regionar)	Calouerelle Md 18

MARYLAND COUNTY BALTIMORE

LINDEN (If rural, give LOCATION)

(If outside city or town limits, write RURAL and give nearest town)

Reg. Diat. No.

OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newhorn infants give residence of mother)

. CERTIFICATE OF DEATH

6.(a) Single, married, widowed, or divorced

WIDOWED

(If outside city or town limits, write RURAL and give nearest town)

JAMES

RY	3. (b) Social Security Number
MED 20. DATE OF DEATH.	executification 8 250
Mordy . 1-	on the date above stated: the lattended becaped from (8)
Immedite suse of death	Unoutor Hay
Due Anterior cler	de Hyporteurice 10ggs
Due to Dealer	alla Mituo. 10 m
Other conditions	ney within 3 months of death)
	Date of op.
Autopsy results	e cause to which death should be charged atatistically.
Accident, suicide, or homicide	to external causes, fill in the following; Date of
Where did injury occur?(C	
Injured at home, farm, Industry, pu	ublic prace (where?)
23. SIGNATOR	my F. Calogra /
Address 5217	Took Cal Date Signed

information carefully of death clearly and ADING INK. Supply every item of Physicians: please write the causes PLAI 国

BINDING

FOR

RESERVED

MARGIN

1. PLACE OF DEATH:

How long in hospital or institution?..

6.(b) Name of husband or wife

3. (a) FULL NAME

FEMALE

BALTIMORE

deceased (mo., day, yr.)	405	9	, , , ,	
8. AGE: Years	Months	Days //	It less than one d	mìn.
3. 3	(Town, eo	unty, and st		
1D. Usual occupation				
11. Industry or business	00	UN	HOME	£
12. Name	OHN		RODD	
13. Birthplace			RELAN	
14. Maiden name	MARIA		NORT	
16. Informant MRS.	EDWA	RD .	4. 56	ELKS
Address 202	LIN.	DEN	AVE.	Tow son
17. BURIA (Burial, cremation, or res	noval, Which?)	Date thereo	1 3/19 (month) (c	48 lay) (year)
Cemetery or crematory				
			E, MAI	
18. Funeral director	ILLIA	M	COOK	THE
Address /	217 3	57. 7	PAUL	57.
3/17	19 X8	A	w.lle	dul
(Date rec'd by registrar)		رالي ال	Registrar

VS A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02484

County Halethorne City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital Institution, or street address where death occurred: 5539 Oregon Ave.			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
						3. (a) FULL NAM
4. Set Male	5. Color or race White	Ma	married, widowed, or divorced		L CERTIFICATION 10/48.	at 3 Q
7 8:45 4-40 4	or wife. Alwin	B,(c) If alive, give ageyears	21. I CERTIFY that death occurred on the d	late above stated; that I attended dec	easod from
8. AGE: Year		Days 23	If less than one day	Immediate cause of death	^	
10. Usual occupation. 11. Industry or busines	Retired	Her	man	Due to		6 11200
14. Maiden name 15. Birthplace	rs. Alwin	Unk Ger a W.		(Include pregnancy with Major findings of operations	Date of op	2/6/4)
17. Buria (Burial, cremation Cemetery or cremat Location	n, or removal. Which?) ory. Loudon 3801 Fr	Date there Park Edgri	of March 13/48. Ok Ave. Ave. Ave. Q. W. Hely	22. VIOLENCE: If death was due to exter Accident, suicide, or homicide	town) (County) aco (where?) tnjured a1 work? M. D.	(State)

WRITE

PLEA'SE

ect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

02485

-	-	

CERTIFICATE OF DEATH

, .				Reg. Dist. 140.
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECI (For newborn infants give residence of mother)	EASED:
County Paltimore City or town Woodsteel town limits, write RURAL and give nearest town) Now long in above place of death? Nospital, institution, or street address where death occurred:			State Maryland County Baltimore City or fown Woodstock (If outside city or town timits, write RURAL and give nearest town) Street No. Davis Ave	
How long in hospital or Institution?			2,(a) If veteran, name war	***************************************
3. (a) FULL NAME			3.(b) Social Security Number
	Sarah	E Higgs		None
4. Sex 5. Color or rac	e B.(α)Singl	e, married, widowed, or divorced	MEDICAL CERTI	
F	200.0	3	_ 2D, DATE OF DEATHMarch31	and offer and
		dow		v =
7. Birth date of		iggs c) If alive, give ageyea	19 7	10 mar 3/ 19 48
	20,1883	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Immediato cause of death	DURATION
8. AGE: Years Months	Days	If less than one day		15)mina
65 1	111	hrsmli	Due to Cerebrah Herrort	
9. BirthplaceManyland	me oward		Due to.	nes 64ss
Sarah E			R .	
			Major fiediogs of operations	
15. Birthplace Va				
16. Informant Eillian Jo Address Randallst	nes own,Md			th should be charged statistically.
17		eof(month) (ony) (year)	22. VIOLENCE: If death was due to external causes, fill Accident, suicide, or homicide	Date of
Location Ellico	tt City.M	d	injured at home, farm, Industry, public place (where?)	
			Manne of injury	Injured at work?
18. Funeral director. F. C. Hig			To COMMINE & G. Lac	0 29.
Address Ellic			23. SIGNATURE (U. Lake	
19. 4 3 4 8 19. (Date fee'd by registrar)	4	. W. Shrich	Address 3517 Elmondon	M. D. or other Date signed 32 2 199

De hally Edmonson are

37.0 1.4.36

6

Red 1.5.

PLEASE

A15 SA

MARGIN RESERVED FOR BINDING

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

(F2486

Airm.	0			
19				20
"	D	Disa	BI-	32

1. PLACE OF DEA	imore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town			State	s, write RURAL and give ne Avenue LOCATION)	arest town)
3. (a) FULL NAME		Mrs. Sarah R. Hiss		3. (b) Social Security None	Number
Female	5. Color or raco White	6.(a)Single, married, widowed, or divorced Widow	MEDICAL CI	ertification	5:05 A
7. Birth date of deceased (mo., day, y 8. AGE: Years 51 9. Birthplace	Months Months 5 1timore, (Town, Housewi	min E. Hiss 6.(c) If alive, give ago years ber 12, 1896 Days tt tess than one day 24 hrs. min. Maryland county, and atate) fe	21. I CERTIFY that death occurred on the date abe Nov. 17. 19. and that I last saw h. e. r. alive on Ma. Immediate cause of death Pulmonary Tuber Due to Tubercle Baci Due to Due to	47 . March rch 7,	7, 19.48 19.48 OURATION 7 MOS
11. Industry or businoss Henry Warner 12. Name Henry Warner 13. Birthplaco Hagerstown, Maryland			Other conditions Diabetes M		Unknown
14. Maiden came Sadie Ryan 15. Birthpiace Baltimore, Maryland Carlyn F. Biggin Description			(Include pregnancy within 3 n	ration	
Address 2942 17	Clifton 1 or removal. Which?) , Mt.Oliv	Ave., Balto., Md. Oato thereot Mar. 10, 1948 (month) (def) (year) et Cemetery ck Ave., Balto., Md.	Antopsy results	sos, fill in the following; Date of (County)	statistically.
Address 3207	W. Nort	Strong Funeral Home Ave., Balto., Md. Easl 7 Webster Registrar	23. SIGNATURB Stewart 6 Address Mt. Wilson, Md	Injured at work? Shaffe M. D.	
		Pied	-3.10.48 Dr	23 Ruck	olo m



AND A STREET, SECOND OF THE PARTY OF

COSTELLATION LINE STREET

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93 d 02487

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For peyborn infants give residence of mother)
County	State Maryland / County Dallmare
(If outside city or town/limits, write RURAL and give nearest town)	Trad Har here stars
How long in above place of death?	(If outside dity of town limits wr)te RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1203 dake Cremil
4	(If rural, give LOCATION)
How long In hospital or institution2	2.(a) If veteran, name war
3. (a) FULL NAME Jenry Scott Fite	3. (b) Social Security Number
4. Sex 5. Color pyracy 6.(a) Single, prarried, widowed, or divorced	MEDICAL CERTIFICATION
Male thate , Married !	2D. DATE OF DEATH. March 9- 1948 31 11 -A.
6.(b) Name of husband or wife. Olycitate Settrude Attle	21. I CERIHFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h / M. allve on
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Le aidise Desmilusation 3 whi
/7a / / / /hrsmin.	
(Olkton Hirama)	Que to asternoscerta (V)
9. Birthplace (Town, county) and state)	810 10
1D. Usual occupation Soldener	Due fo
11. Industry or business	
E 12. Name ANAMUN	Other conditions
E alonia	Utagi Conditions
	(Include pregnancy within 3 months of death)
14. Maiden name UMPNUM 15. Birthplace JUMMUM 15. Birthplace	Major findings of operations
15. Birthplace / Wamas,	
113. Billiplace Property Line	Date of op
16. Informant USA 1 D AUC 1	Autopsy results
Address 120,3 Vake crenue,	PHYSICIAN: Please underline the cause to which death should be charged atatistically.
Manch: 13-1040	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remove) Which (month) (day) (geor)	Accident, suicide, or homicide
(INOVand) (Ilemanal) Fort	Where did injury occur?
Cemetery or crematory	Where did injury occur?
Location Callymore Co. Mary land	Injured at home, farm, Industry, public place (where?)
18. Funeral director. A sungel Humilian frome	Means of Injury Injured at work?
Address 3631 Fralls (Yord)	23. SIGNATURE Lawrence Schmanel W
3/10 X8 N-6/ He hich	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar)	Address 2/1 / Add 1/4 Date signed 3 4 7

2411 N. Charles St., Baltimore

02488

CF	PTI	FI	A	TF (OF	DEA	TH
CE.	r		A	I Fa		DEA	

Reg. Diat. No. 3/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Butternand	State manyland county Bullimore
City or town. (If outside city or town limits, write RURAL and give nearest town)	Estate to
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mary Hodge	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or proceed	MEDICAL CERTIFICATION 40
7 C V married	20. DATE DF DEATH March 5 1949 at 4 P. N
11. 1/2-1.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	
7. Birth date of 2 4 - 100h	and that I last saw have on Marie 4, 19.4
deceased (mo., day, yr.)	Jamediata cause of death
8. AGE: Years Months Days if less than one day	Carcusma Dulerus
60 5 0nin.	0
9. Birthplace (Town, county, and state)	Due to
at forms	
1D. Usual occupation.	Due to
11. industry or business	
12 Name Oficks Nelson	Other conditions
12. Name Olicks Nelson 13. Birthplace Md	(Include pregnancy within 3 months of death)
14 Maiden name Nottie Rhodes	(Include pregnancy within 3 months of death)
14. Maiden name O Sattle Rhodlo	Major findings of operations
14. Maiden name Nattle Rhotles 15. Birthplace M	Dale of op.
On in finish a Colored	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death abould be charged statistically.
Address M Dayouch md.	
17 Burial Date thereof 3-8-48	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory West Like ty	Where did injury occur?
Location Plaka Tush	Injured at home, farm, industry, public place (where?)
20 M	Meens of injury tnjured at work?
18. Funeral director	a- 09m 1
Address Ellust City md.	ham & Montan
0/1/ 15 To OM L	23. SIGNATURE M. D. or other
(Date reold by registrar) (Date reold by registrar)	Addres audallelows Date signed 3/6/48
Water teach by regionary	

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, '

NS



MAR 17 1948

BUREAU V. S.

PLAINLY, V is especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93 d

02489

g. Diat. No. 45

CERTIFICATE OF DEATH

I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
How long in hospital or Institution?	2.(a) It veteran, name war
3.(a) FULL NAME Edward G. Hoover	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Walk Whitz Married	MEDICAL CERTIFICATION 20. DATE OF DEATH Max 14 4 1948 21 2 2
6.(b) Name of husbands or wite Mary S. Hoover 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 988 3/27/87/	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from 28 18 42 to March 14 18 48 and that I last saw h. 15 alive on March 14 18 18
8. AGE: Years Months Days It less than one day 76 2 /3 hrsmin.	Immediate cause of death MYOCARDIAL DEGENERATION 6 YRS +
9. Birthplace (Town, county, and state) 10. Usual occupation Retired 11. Industry or hysiness Painter	Due to COTTONALY ARTERIOSCIEROSIS " ** ARTERIAL HYPERTENSION " Due to
11. Industry or business 12. Name 12. Name 13. Birthplace 14. Malden name 14. Malden name 15. Birthplace 15. Birthplace 16. Birthplace 17. Degratown 18. Malden name 18. Birthplace 19. Magantown 19. Magan	Dither conditions SENILITY " GENERAL ARTERIOSCIELOSIS " (Include pregnancy within 3 months of death) Major findings all operations.
16. Informant Mary S. Hooven Address 4408 Glenmore ave	Antopsy results
17. Buzial Date Ihereot 3/1/48 (month) (day) (year) Cemetery or	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
18. Funeral director William Cook Sue,	Injured at home, tarm, Industry, public place (where?) Mesans of Injury Injured at work?
19. 3. 15 (Date receipt registrar) 19. 18. D. W. Helliel Registrar	23. SIGNATURE M. D. or other M. D. or other Address 633/ Belan Re - G. Date signed 3/11/48

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Baltimore Catonsville State Maryland (If outside city or town limits, write RURAL and give nearest town) Baltimore How long in above place of death? 1 year, 2 months, 4 days (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Street No. 3905 Ridgewood Ave. Spring Grove State Hospital (If rursl, give LOCATION) How long in hospital or institution? 1 year, 2 months, 4 days. 3. (a) FULL NAME 3. (b) Social Security Number Mary Emma Householder 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION female white wi dowed 6.(b) Name of husband or wife. Daniel W. Householder 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from deceased (mo., day, yr.) January 26. 1872 8. AGE: If less than one day Easton, Laryland (Town, county, and state) 10. Usual occupation housewife 11. Industry or business home 12. Name Benjamin F. Harrison Maryland. t3. Birthplace (Include pregnancy within 3 months of death) t4. Maiden name.....Martha...de. 14. Maiden name Martha Jan Hunt Major findings of operations..... 16. Intermant Mrs. Laura M. Gaither PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 3905 Ridgewood Ave ... 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... Cemetery or crematory Lorraine Where did injury occur?(City or town) Location Balto. Co., Md. Injured at home, tarm, industry, public place (where?) Means of Injury 18. Funeral director WM. J. TICKNER & SON Address BALTIMORE. MD.

PLEASE WRITE

A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02491

CERTIFICATE OF DEATH

Reg. Dist. No...

			a Hell La Broidenar (France)	DE DEGELOPE	
1. PLACE OF DE	ATH: 1timore		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
			State Maryland co	Baltimore	
City or town Halethorpe (If outside city or town limits, write RURAL and give nearest town)			City or town Halethorpe		
How long in above place of death?			(If outside city or town limits, write RURAL and give nearest town) Street No. 1819 Winans Avenue		
Hospilal, institution, or street address where death occurred: 1819 Winans Avenue					
.,			(If rural, give LOCATION)		
	r Institution?		2.(a) If veleran, name war		
3. (a) FULL NAM				3. (b) Social Security Number	
		Bertha Hunt			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
female	white	widowed	20, DATE OF DEATH March 24,	19. 48 at 1	30 J
6.(b) Name of husband	or wife John	J. Hunt	21. I CERTIEY that death occurred on the date at	ove stated; that I attended deceased from	4
			22. I CENTIS MAIN DECEMBED ON THE DATE AT	to range by	19*
7. Birth date of deceased (mo., day,	T7 207		and that I last saw halive on		
8. AGE: Year		Days If less than one day	Immediate cause of danth	DU	RATION
6	~	27 hrs. min.	through the	persecution 5	41
0					
8. Birthplace (Town, county, and state)			Due to	yrod 5	52
10. Usual occupation. Housewife					
			Due to	*********	
11. Industry or busine	Frederick	Krodel			
里 12. Name			Diher conditions		
	Berlin, Ge	rmany	(Include pregnancy within 3	months of death)	
14. Malden name		h Unknown	Major fisdings of operations		
15. Birthplace	Berlin	, Germany		Date of op.	
	scar L. Hun	t	Autopsy results		
		venue, Halethorpe	PHYSICIAN: Please underline the casse to v	which death should be charged statistical	lly.
-			22. VIOLENCE: It death was due to external ca	auses, fill in the following;	
17 buria	n, or removal. Which?)	Date thereof 3/29/48 (month) (day) (year)	Accident, suicide, or homicide		
Constant, Cremation	Loudo	n Park Cemetery	Where did injury occur? (City or town)	(County) (State)	
		Maryland	Injured at home, farm, industry, public place (
			Means of Injury	Injured at work?	
18. Funeral director	•	Inc.	506	1 0	
Address	1217 St. Pa	aul Street	Wata	ison M. D	
harris	La7 10 XP	Als Helich	23. SIGNATURE	M. D. or other	~/
19. (Date recid by r	egistrar)	Registrar	Address 1711 Jelina	Male signed 25	140

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/0

02493

Reg. Dist. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Maryland county Baltimore		
How long in above place of death?	City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town)		
nospiral, institution, or street address where death occurred:	Street No. Bond Avenue		
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Josephine Tucker Johnson			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F. Marriet	20. DATE DF DEATH March 24 19 48 at 7 A.		
8.(6) Name of husband or wife the following the soul	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
	5-28-4/ 19 10 3-24 1948		
7. Birth date of deceased (mo., day. yr.) March 19. 1876	and that I last saw h. A. A. alive on 3-2.3		
8. AGE: Years Mooths Days If less than one day	Immediate cause of death DURATION 2 NAME 2 NAME 2		
72min.	Decompensated Hypertinino 7 yra		
9. Birthplace (Town, county and state)	- EV. Diene		
10. Usual occupation House dule			
11. Industry or business	Bue to.		
12. Name Clu Luc Four	Other conditions.		
₹ 13. Birthplace	(Include pregnancy within 3 months of death)		
14. Maiden name Jan Jan I homas			
14. Maiden name Jacob Thomas 15. Birthplace	Major findings of operations. NONE Date of op.		
16. Informant J. M. John John John John	Autopsy results		
Address 20 Bond A	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial 1 Date/Percol 3-27-48	22. VIOLENCE: If death was due to external causes, filt in the following:		
(Burial, cremation, or removal, Which)	Accident, suicide, or homicide		
Cemetery of cremotory Communication of C	Where did injury occur?		
Location & Leco Linohous md	Injured at home, farm, Industry, public place (where?)		
18. Funeral director MA 1 nameral H. Dreunsley	Means of Injury Injured at work?		
Address 548 W. Biddle St.	23. SIGNATURE D. D. Eagles, M.D.		
19. 3/27 19 XP AW Hedrel (Date ree'd by registrar) 19. AP AW Hedrel Registrar	23. SIGNATURE M. D. or other M. D. or other Reisterstown, Md. Rate classed 3-24-48		

VS A15

02494

-40		
-1		
	()	

-	PI/
	3
	0 >
	/ did
	H 94
	. J.
	n Ti
	2 4
	re
	ca
	le n
	01.0
	t a
	69
	000
	of n
77	em 20
Z	Se of
7	H H
F	i te
=	i i
Щ	には
2	A o
Q	Ti.e
14	2 ≥
A	pld
H	on o
2	ole
MARGIN RESERVED FOR BINDING	M.
Ω [-]	7. 0
E.	1
	0.5
H	4 5
5	PE
Pd	40 P
4	12
1	55.5
-	ES
	- <i>)</i> E
11	. /=:=
3	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrise senecially important. Physicians: please write the causes of death clearly and legibly.
-	7.8
	Z
	IA G
	1 7 a
	Pr. X
10	巨
ເນ	I
4	R
O	A
VS A15 9.45-15	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding to expecially important. Physicians: please write the causes of death clearly and legibly.
13	0
A	A
02	3
>	P

Westfield, N. J

1900 Eutaw Place, Balto. 17, Md.

Location ..

Address

	-		CERTIFICA	TE OF DEATH Reg. Dist. No. 30
How long in above pla Hospital, Institution, 2.2.9.	f outside city or town I oce of death?	death occurred	URAL and give nearest town)	Street No. 229 Westowne Road (If rural, give LOCATION)
4. Sex	5. Color or race		JONNSON	MEDICAL CERTIFICATION
male	white		ried	MEDICAL CERTIFICATION 20. DATE OF DEATH Nach 11 1948 at 7 17
) if alive, give ageye	and that I last saw h
O. MGD.	ars Months 7	Days 12	If less than one dayhrs	Coronary Occlesion Thom
1B. Usual occupatio	n retired	Johns	tate)	Due to Ms plotuseas: Oue to certerio orlann: Other conditions
	Julia Lo Conn			(Include pregnancy within 3 months of death) Major findings of operations
	Mrs. J. F. Princeton,			PHYSICIAN: Please underline the cause to which death should be charged statistically.
	lion, or removal. Which?		101 3/15/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

Injured at home, farm, industry, public place (where?)

Means of Injury

M. D. or other

Injured af work?

	CERTIFICATE OF DEATH
/	Nog. Dist. 10. manny
1. PLACE OF EATH	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ountyguco	site M. County
or town limits, write RUR	All and give nearest town)
ow long in above place of death? 12 72	City or town
lospital, institution, or street address whose death occurred:	Street No. 8 49 Mi Spring Col
Vije III	(If rural, give LOCATION)
low long in hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Nu
4. Sex 5. Color or race 6.(a) Single, mg	
male Cot m	arriet 20, DATE OF DEATH Mar 18 #8 21
4-1	21. I CERTIFY that death occurred on the date above stated; that I attended deceased
6.(b) Name of husband or wife	21. I CENTIFY that death occurred on the date above stated; that I attended deceased
7. Birth date of 6.(c) If	f alive, give age
deceased (mo., day, yr.) agril 4, 1	9/3
8. AGE: Years Months Days	If less than one day
24 11 14	hrs. min. Dupliner aorla of
9. Birtholace South Caro	lena Due to
(Town, county, and state	
10. Usual occupation. Savorer	Due to due to syphilis.
11. Industry or business	10 (4/23/4)
E 12. Name Thereing whis	Other conditions
13. Birthplace South Carol	(Include pregnancy within 3 months of death)
# 14 Maiden name & Cla Wiles	
14. Maiden name & lla Willer 15. Birthplace South Township	Major findings of operations.
el 13. Birinpide form coasta	Date of op.
16. Intermant	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged stat
Address 1849 n. Spring	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Shipped Date thereof	March 21 1948
(Burial, cremulion, or removal Which) Conflict	(Most) The Company of
Cemetery or crematory	City or town) (County) (S)
Location Clock Country,	South Caroling de home farm, industry, public place (where?)
Location Clark Country,	
Location Jok Country, 18. Funeral director Language January	South Caroling de home farm, industry, public place (where?)
Location Clark Country,	South Caroling de home farm, industry, public place (where?)

WRITE PLAINLY, is especially

PLEASE

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore

		02	24	96	
1	B		,1	1	
Reg	. Dist	. No.	7	1	

20 1

CERTIFICAT	E OF DEATH Rog. Dist. No.
1. PLACE OF DEATH: County Baltimore City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Us Days Nospital, institution, or street address where death occurred: Vets. Adm. Hospital, Ft. Howard, Maryland Now long in hospital or institution? Us Days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maryland County
MANDOTIS JOHNSON	3. (b) Social Security Number Unknown
Male Colored Married Marie Johnson	MEDICAL CERTIFICATION 20. DAYE OF OEATH. March 23, 1948, 12:12 P. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 3–15–92 8. AGE: Years Months Days if less than one day 56 0 8hrs. min.	March 9, 19 48 to March 23, 1948 and that I last saw h im alive on March 23, 1948 Immediate cause of death Syphilitic Heart disease 3 Yrs.
9. 8irthplaceWest. Virginia. (Town, county, and state) 10. Usual occupation Unemployed 11. Industry or business 12. Name Edward. Johnson 13. Birthplace Virginia	Oue to
14. Maiden name Viney Rogers 15. Birthplace Virginia	(Include pregnancy within 3 months of death) Major findings of operations
Address Fort Howard, Maryland 17 Burial Date thereof (Month) (day) (year) Cemetery or crematory Baltimore National Cemetery Baltimore, Maryland 18. Funeral director Charles R. Law 802 Madison Ave., Balto., Md. 19. 3-25 (18. Address) Charles R. Law Registrar	Autopsy results. DO AUTOPSY PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

02497

Reg. Dist. No....

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Catonsville	man Thenh man While
City or town	After Olla
How long in above place of death?	(If ortside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred.	Street No. 14h Felton Street
	(If rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war.
Sophia M. Je	Encore 3. (b) Social Security Number
4. Sex 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemsle white, widowed	20. DATE DF DEATH March 18th 1948 at M
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
A to Wall also are	aug 1941, 10 March 1948
7. Birth date of deceased (mo., day, yr.) [and that I last saw h 2 alive on March 18 19.48
8. AGE: Years Months Days If less than one day	Immediate cause of death
89 11/8min.	12 de tota Primoria
My Mayor.	5 - 4 -
9. Birthplace (Town, county, and state)	averis alerons.
10. Usual occupation.	Due to
11. Industry or business	Hz perteuron -
12. Nam 12. Na	Dther conditions
Z 13. Birthplace Manyay	(Include pregnancy within 3 months of death)
= 14. Maiden me Daren Syvertsen	
W 15. Birthplace Markingy	Major findings of operations. Date of on.
16. Interment Miss Henry Almsox	Autopsy results.
Address of St. Tentitely Land	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13/2-16	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. him?) Date thereof month (day) fear)	Accident, suicide, or homicide
Cemetery or crematory O. Alkalla	Where did Injury occur?
Location Statem Island n. VI.	Injured at home, farm, industry, public place (where?)
19. Funeral director. Almanda Liferick.	Means of Injury Injured at work?
- Ilallad Pool	lie to la total
Address 5305 Start of Food	23. SIDNATURE WAS A STATE OF THE STATE OF TH
19. Grand State (19 19 19 19 19 19 19 19 19 19 19 19 19 1	Address 20 & Besten Sh Bate signed 3/19/64
trace ree d by registrary	Address

FOR BINDING

MARGIN RESERVED

20

T correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02498

Reg. Dist. No.30

1. PLACE OF DEATH: R	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Daniel	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long In above place of death? 79 While	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death oppurred:	Street Ho. 10 Mewburg ave.
10 Hewburg Aul.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Florence J.	ones none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Francale Ulleto Senale	20. DATE OF DEATH 200 19 48 21 140 PM
Maria	
S.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that Intended deceased from
7. Birth date of	and that I last saw h & alive on Meet 9 - 19 4 8
deceased (mo., day, yr.) D. 10, 27, 1868	
8. AGE: Years Months Days If less than one day	Immediate cause of death
79 2, 2,1	Chemic Cerdio vascula 34m
Potarille Botto P. Su.	Due to eliseane
8. Birthplace. (Town, county, and state)	Due to
10. Usual occupation Salar exposulat Complay	Pue to.
11. Industry or business Post Olbine Dest.	Due 10
12. Hame Rewbend gones	Other conditions
13. Birthplace Catous de 100 md	
	(Include pregnancy within 3 months of death)
14. Matden name. Julia 24. Thomas. 15. Birthplace Baltimore, Tub.	Major findings of operations
El 15. Birthplace (Ballimore, Mrs.	Date ot op
18. Informan Muss Julia W. Foreld	Autopsy results
Address 10 newburg lane. Cuton	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date Abereof Mat 212, 194	32. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal Which?)	Accident, suicide, or homicide
Cometery or crematory of break Class	Where did injury occur?
Incation Frederick ane Bulto Mo	Injured at home, tarm, Industry, public place (where?)
East land	Means of Injury Injured at work?
18. Funeral director	. 8
Address 608 to rederick ave, Catoris	23. SIGNATURE. Must V. Talen, W. W
10 3-22 115 WE Harry	23. SIGNATURE M. D. or other
(Date registrer)	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2

RECEIVED

MAR 24 1948

BUREAU V. S.

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(1249) Reg. Diat. No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For perhaps interfets give residence of mother)
City or town	StateCounty
How long in above place of death?	(if outside city or town limits, write RURAL and give regrest town)
Hospilal, Institution, or street address where death occurred:	Street No. 101-Lewood are.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Elegabe	The Journal of Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divolced	MEDICAL CERTIFICATION
Hen. Col. Manera	20. DATE OF WEATH MARCHA 7 44 19.48 at 9.307 M
Willeam	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	2-5-48 19 102-7-48 19
7. Birth date of years	and that I last saw h. A. alive on 3 - 2 - 48 19
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
65 0 0 min.	Cleute Myrculdilis 3deus
9. Birthplace Calvert Co Ma.	Due (a
(Town, county, and state)	Ssouchs Pnzumonia
10. Usual occupation.	Due to
11. Industry or business	
불 12. Hame	Diher conditions
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Marify, Harriers	
15. Birthplace	Major fiedings of operations.
181, Sheam. I was	Date of op.
16. Informant	Autopsy results
Address 10/-	22. VIOLENCE: It death was due to external causes, fill in the following;
17 Minus Dale thereof 3-11-48	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (yeor)	
Cemetery or crematory	Where did Injury occur?
Location Location	injured at home, farm, lodustry, public place (where?)
18. Funeral director (C.) A SULLA CONTRACTOR OF THE CONTRACTOR OF	Means of Injury tnjured at work?
Address 918- Dund Hilf are	Pat Malana Pur
3-9 48 ATH 0'0	23. SIGNATURE
(Date rec'd by registrar)	Address Alonand P. M. A. Date signed 3/8/45

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02500

1. PLACE OF DI	EATH:			2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of r	DECEASED:	
County. BALTIMORE City or town TONSON (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 Years, 2 months, 1 day		State D.C. County County				
SHEPPARI	or street address where AND ENOCH or Institution?	PRATT	HOSPITAL.	Street No. 2236 Decatur Pla (If rural, give	LOCATION)	
3. (a) FULL NAM					3. (b) Social Security NONE	Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Wid	low	20. DATE OF DEATH March 19		a. 11:05 Pa
6.(b) Hame of husham	d or wife	ncan Jo	<u> </u>	21. I CERTIFY that death occurred on the date about May 13	e stated; that I attended deci	9 48
7. Birth date of deceased (mo., day, yr.) Sept. 19, 187/				and that I last saw her alive on Mar	ch 19,	19 48
deceased (mo., day,		Days	It less than one day	Immediate cause of death	••••••••••••	. DURATION
8. AGE: Years Mooths Days It less than one day Bronchopneumonia						
9. Birthplaca St.s Louis Missouri (Town. county. and state)			itate)	Due fa Senility		
10. Usual occupation none				Due to		
11. Industry or bosiness 12. Name Charles Hunt Turner Joy			r Joy	Other conditions Senile psychos	is	45 yrs.
Z 13. Birthplace Missouri				(Include pregnancy within 8 m		
14. Maiden name Margaret Barlow			N	Major findings of operations		
S 15. Birthplace	Misso	uri		Meder Engineer of operations		
14. Maiden name Margaret Barlow 15. Birthplace Missouri 16. Informant EAR ADMIRAL CHARLES I. Joy Address U.S. NAVAL TROVING GROWNS. DALGREN,			RIES T. JOY ROWDS DALGREN.	Autopsy results		
Bioin 3/20/110			3/20/48	22. VIOLENCE: If death was due to external cause		
(Borial, cremation, or removal, Which?) Date thereof. (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory CALVARY				Where did injury occur?(City or town)		
Location ST. Lavis / Mo. 18. Funeral director Wm J. Tickner & Sons Inc			MO.	Injured at home, tarm, industry, public place (wh Means of injury	lejured at work?	***************************************
18. Funeral director				mount of right)	(4 (44	المما
Address Daltimoris, MD. 19. 3-20-1948. Q. W. Hedrich (Date rec'd by registrar) Registrar			2. W. Hedrich	23. SIGNATURE HARRY M. MURDOO HARRY M. MURDOO Address TOVSON, MARYLAND	M.D. M.D. Date signed	or other 3/19/48

PLEASE WRITE PI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(125)11 Reg. Dist. No. 25

County			
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
V Older Lame AP A) D/I PFO/II J COURSE / PFO/II			
City or town Mr. Sharraw 3 Perat - Lodge or est (If outside city or town limits, write RURAI and give nearest town) City or town Baltmore City			
low long in show place of death? (If outside city or town limits, write RURAL and give nearest to	wn)		
Hospital, Institution, or street address where death occurred: Street No. 701 St. laul Street			
(If rural, give LOCATION)			
How long in hospital or institution?	,		
3. (a) FULL NAME Harry C. Kalben 3. (b) Social Security Numb	er		
4. Sex 5. Color prace 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION			
male While Bingle 20, DATE OF DEATH Musich 14 19 48 21			
AV, UNITE VI VERITORINA CONTRACTORINA CONTRA			
6.(b) Name of husband or wile 21. I CERTIFY that death gecurred on the date above stated; that I attended deceases for	4. 48		
6.(c) If alive, give age years	18		
7. Birth date of deceased (mo., day, yr.) CLb5: 15-1882	19		
8. AGE: Years Months Days Illess than one day	DURATION		
65 10 29 hrs. min. Per to Coast to Just (siden) 6.			
	uou		
9. Birthplace (Town, county, and state) (Town, county, and state)			
I ALL HOP	2		
Due to	*		
11. Industry or business Law			
12. Name Um Kalben Other conditions 13. Birthplace Germany			
Include pregnancy within 3 months of death)			
14. Maiden name Revolute Gugusta Yoe			
14. Maiden name Areline Gugusta 400 15. Birthplace Major findings of operations Date of op. Date of op.			
16. Informant MISS Hoselby Kalber (SISTER) Autopsy results			
Address 70/3! Rul St. 17	cany.		
Burial Date thereof 3-16-1948 22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal Which?) (month) (day) (year) Accident, Suicide, or nomicide.			
Cemelery or crematory. 30//rmare Where did Injury occur? (City or town) (County) (State	te)		
Location Baltimore Md. Injured at home, farm, industry, public place (where?)			
QTEWART 1 MONGH COMPAGY Means of Injury thjured at work?			
18. Funeral director.			
Address () Decide 550) 186 W. AMERIA APERUS.			
3/5 US ALIS Hedrick 23. SIGNATURE M. D. or other	er		
19. (Date rec'd by registrar) 19. Address 520 Club, Parents It Rate signed S	14.48		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

0 10 0		
me	Little	
Reg. Dist.	No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Md
City or town(If outside city or town limits, write RURAL and give nearest town)	State County County County
How long in above place of dealh?	City or town
Hospital, institution, or street address where death occurred:	Street No. 642 Oldham Street
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ALDI KANGAS (ALBI KAN	
(C/ANDIAN manifed wildowed as disposed	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION 18 1150
Mull Widower	2D. DATE OF DEATH. 19. 19. 19. 19. M
6.(b) Name of husband or wife Aliina Kangas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19, fo
T. Birth date of G. c.	and that Mast saw halive on
deceased (mo., day, yr.) Sept 3, 1886	Immediate cause of death
8. AGE: Years Months Days If less than one day	
61 6 27hrsmin.	Olonay Cecusion -
Finland	Due to
9. Birthplace(Town, county, and state)	DUE (V
10. Usual occupation Steel Mill	Due 10
11. Industry or business pethlehem Steel Co.Sp. Pt. M	
plat 1 de station de s	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Tilda? 15. Birthplace Finland	Major findings of operations
15. Birthplace Finland	
16. Informant Mrs. Fanny Karhu-daughter	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 16833 - 89th. Avenue, Jamaica	22. VIOLENCE: If death was the to external causes, fill in the following;
Burial (Burial, cremation, or removal, Which?) Bate fhereof 4/3/48 N. Y. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Oak Lawn Cemetery	Where did injury occur?
Location Baltimore, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. HENRY SANDER & SONS, INC	Means of Injury Injured at work?
NORTH AVE. & BROADWAY	1/10 Mars on is.
Address 1 1 1 1 1 1	23. SIGNATURE THE STATE OF THE
18 4/2 19 H AW Hedrich	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Date r/c'd by registrar) Registrar	Address Date signed
	7/1/48.

2411 N. Charles St., Baltimore

02503

			-	
W.				- 4
W (1	
Par	Die	No.	3	1
MEK	. 2213	P 140		***

OPPORTUGICATE OF DEATH

			CERTIFICA	IE OF DEATH	Reg. Dist. No	20	
1. PLACE OF DEATH: County Baltimore				2. USUAI, RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Catonsville City or town		State Maryland Co	ounty	***************************************			
How long in above place of	death? 2 yea	rs. 9	months, 1 day	(If outside eity or town limi	City or town Baltimore (If outside eity or town limits, write RURAL and give nearest town)		
Hospital, Institution, or sti	reet address where d	eath occurre	1:	Street No. 932 Preston Str	reet		
Spring	Grove Sta	te Ho	spital	(If rural, give LOCATION) 2.(a) ti veteran, name war.			
How tong In hospital or In	stitution?2.ye	ars,	months 1 day				
3. (a) FULL NAME					3. (b) Social Security	Number	
	James K	مااعد	(Keller)		en		
	5. Color or race		e, married, widowed, or divorced	14-51011			
				MEDICAL C	CERTIFICATION		
male	white		single	20, DATE OF DEATH March 5	19. 48	8:15 pu	
			,				
6.(b) Name of husband or	wite				State M. Description of the Control		
		6.(c) It ailve, give ageyears	s			
7. Birth date of	O-4-1			and that I last saw halive on	***************************************	19	
deceased (mo., day, yr.)	Months	Days .	If less than one day	Immediate vause of death		DURATION	
8. AGE: Years							
53	4	9	hrsmin.	Logen	نمن	*******************************	
9. Birthplace Baltimore Maryland (Town, county, and state) 10. Usual occupation paper boy		Que to O					
		they las	emmi				
		Due to	7,				
tt. Industry or business Same				- Caraes Nuseure	· ansone		
12 Name William H. Keller				Dther conditions		***************************************	
12. Name William H. Keller 13. Birthplace Washington, D.C.			•				
				(Include pregnancy within 3 months of death)			
F	0		ia Hienlind	Major findings of operations	Major findings of operations		
2 15. Birthplace	Washingt	on, D	.C	Date of op.			
	mital Rec	orde		Antopsy respits us alone			
				PHYSICIAN: Please underline the eause to	which death should be charged	statistically.	
Address Cat	onsville	28, M	d.	22. VIOLENCE: It death was due to external co			
. Bur	ial	Date the	0/9/48				
(Burial, compliance removed Which?) (month) (day) (year)		Accident, suicide, or homicide					
Cemetery of Balto				Where did injury occur?(City or town)) (County)	(State)	
			nes	Injured at home tarm, Industry, public place (
Location	1.11.00			*			
18 Eugeral director	4/ Clia	24	ook Juc.	Meens of Injury	Injured at work?	. 11. 01	
IV. TUHCIE! UHCCIU	1210	3rt 1	0 0 1	es -	11 11 Kles	merce	
Address	1217	7. 10	aux V	23 SIGNATURE SECTION	Cieffer Eca	m Millo	
maria	1 9/1/1		(I'W. Toland	A law of	M. D.	(h // /	
(Date rec'd by regis	strar)	******	Registra	Address 010 Reads a	Date signed	nes. 6 48	

RESERVED FOR BINDING MARGIN UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

correct age

PLAINLY, WITH UNF is especially important. WRITE PLEASE

NS

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1784

02504

CERTIFICATE OF DEATH

g. Dist. No. 44

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town Fort Howard Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County
(If outside city or town limits, write RUKAL and give nearest town) How long in above place of death? 6 Days	City or town. Baltimore (if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 423 S. Chester Street
Vets. Adm. Hospital, Ft. Howard, Maryland	(If rural, give LOCATION)
How long in hospital or institution?. 6. Days.	2.(a) If veteran, name war WW II
3. (a) FULL NAME	3. (b) Social Security Number
CHARLES D. KERR	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH March 7. 10 48 10:20 Au
6.(b) Name of husband or wife Widower	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give ageyear	March 1, 1948 to March 7, 1948
7. Sirth date of deceased (mo., day, yr.) 7-18-18	and that I last saw h Lill alive on Lill. Lill. Light
8. AGE: Years Months Days Illess than one day	Awaits completion of toxicological DURATION
29 7 29hrsmin	etudies
Pittsburgh, Pa	Carbon totrachloride poisoning E4/27/48 ake
8. Birthplace Pittsburgh, Pa. (Town, county, and state)	autopis diagnes after autopis
10. Usual occupation. Machinist	Due to 1. Careback a Same
11, industry or business	2 Pulmanary Idema
置 12. Name Leo Kerr	Other conditions 3 Coulo neer merine liver
12. Name Leo Kerr 13. Birthpiace Pennsylvania	(Include pregnancy within 3 contings death) 5. Sight symmetrical typethophy of beaut
	5. lo (Include programmy within & Months of death)
14. Maiden name Gertrude McKelvey Pennsylvania	Major findiggs 61 operations.
	Autopsy resolts. See above
16. Informani Clinical Records, Vets. Adm. Hosp.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Fort Howard, Maryland	22. VIOLENCE: If death was due to external causes, fill in the followings
Removal (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	and the second second
Edward Daughtery	Where did injury accur? Bellings at Polish nearling
Cemetery or cremators Lincoln Ave. at Fremont Bellev	Where did injury occur? City or town) (City or town) (County) (Start) (H) > (Start) (Start) (Start) (Start) (Start) (Start)
Location Pittsburgh 2. Pa	Injured at home, farm, industry, public place (where?)
Location Pittsburgh 2 Page 18. Funeral director Howard Blight 1956	Means of injury Injured at work?
Address 4914 Belair Rd., Baltimore, Md.	18 19 DAMA 11/10 1
(A) (A) (A)	23. SIGNATURE Sur - Equity Dogothalis
19. March 18 18 John W. Commelly (Date rec'd by registrar)	Address Date signed

RECEIVED

APR 8 1948

BUREAU Y. S.

VS A15

M

PLEASE WRITE PLAINLY, WILF UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore

02505

CERTIFICA	TE OF DEATH Rog. Dist. No. 3
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: Bear newborn in ants give residence of mother) State County County County City or town (init), write RURAL and give nearest town) Street No. (Laural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Ravie Kinnel	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
timal white widow	20. DATE OF DEATH MAN 5 194/ 5 at 7 P
8.(b) Name of husband or with Late John L. Himmel	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day	and that I last saw bell alive on That I ampediate cause of death ascardad has
8. Birthplace	Due to.
1D. Usual occupation	Bue to
12. Name George Magle 2 13. Birthplace	Other conditions
E 14. Maiden name Brown Broken 15. Stribplace 22.4	(Include pregnancy within 3 months of death) Major findings of operations.
≥ 15. 8irthplace	Date of op
16. Informant Stellan C. McKeever. Address 1714 W. Landard H.	Antopsy results
(Burial, cremation, or removal. Which?) Dale there Will (month) (day) (year)	22. VfOLENCE: ff death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Loudon Turk	Where did injury occur?
Location 10. Funeral director Harry H. Witzle	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 4/01 Edmonton and	and Mate
19 3/ 19/8 Time Marting (Pate rec'd by registrar) (Pate rec'd by registrar)	23. SIGNAPAR M. D. or other Adores and alletown Bate signed

DETACHED TO THE PROPERTY OF THE ORIGINAL PROPERTY OF THE PROPE

CHRITICATE OF BEACH

Design of the Court of the Cour

eros a casa con a la propia de

RECEIVED

MAR 19 1948

BUPEAU V S

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02506

CERTIFICATE OF DEATH

eg. Diat. No. 4/

1. PLACE OF DEATH: Balls	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown	State County County
	(If outside city-or town timits, write RURAL and give nearest town)
How long in above piace of death?	II a avilland by
nospital, institution, or the second	Street No. (If rural, give LOCATION)
	2.(a) If veteran, name war.
How long In hospital or institution?	
3. (a) FULL NAME David le. A	3. (b) Social Security Number 216-57-2553
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
Proper (21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
6.(b) Name of husband or wife	2-14 1946 10 3-4 1948
T. Birth date of	and that I last saw heldalive on
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediaic cause of death
33 4 16hrsmin.	Pulmnary Tuberculares 5 y
9. Sirthplace	Due to
10. Usual occupation Boiler & Law operator	
10. Usual occupation	Due to
11. Industry or business Attel Male	
12. Name 12. Name 13. Birthplace	Other conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name.	Major fiediess of operations
14. Maiden name 11. Attitude Courts 15. Birthplace	Date of op.
my matilda Kind	
16. Informant	Autopsy results
Address / 9 Williams And 148	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
(Buriat, cremation, or removal, Which?)	
Cemetery or crematory	Where did injury occur?
Location Later Lat	Injured at home, farm, Industry, public place (where?)
Phillip Herrira land	Means of Injury Injured at work?
18. Funeral director	Ω
Address 2024 Colleans St	23. SIGNATURE TO W. Lacersone M. D. or other
19. 3 - 6 - 19. C. A.	Address 2310 Entane Place Date signed 3-6-48

PLEASE

A15 NS The correct ag

							4
BA A	DVI	ABITA	CTATE	DEPARTMENT	OF	TITAL	TI
ITI A	KKII.	AIVII	SIAIR	DEFARINE	UP	FIRAL.	

2411

	2411 N	. Charles S	t., Balt	imore	
CEF	TIF	CATE	OF	DEATH	,

		11 CON	
42	130	P	

1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DE	CEASED:		
County Baltimore			***************************************	(For newhorn infants give residence of mother)			
City or town Fort. Howard (If outside city or town limits, write RURAL and give nearest town)				Sizie Maryland County			
(If o	utside city or town	limita, write	RURAL and give nearest town)	City or town Baltimore	A DITTO A Y 3 - A-		
How long in above place Hospital, institution, or	street address when	e death occurre	d:				
			Howard, Md.	Straet No	(If rural, give LOCATION)		
	-	-		City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Straet No. 17 West Hickam Road (If rural, give LOCATION) 2.(a) It veteran, nama war. WW. II 3. (b) Social Security Number Unknow n MEDICAL CERTIFICATION 20. DATE OF DEATH. March 10, 1948 all:25 P 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from March 2, 1848 to March 10, 1848 and that I last saw h. im alive on March 10, 1948 Immediate cause of death DURATION Hepatic Cirrhosis: Etiology. Unknown Due to. Dither conditions Cellulitis & Hemorrhagic diathesis of small intestine unknown (Include pregnancy within 8 months of death) Major fieldings of operations. Data of op.			
3. (a) FULL NAME				3.	(b) Social Security Number		
	HERBE	RT B. I	KIRTSCHER	Ur	nknow n		
4. Sex	5. Color or race	B.(a)Sing	la, married, widowed, or divorcad	MEDICAL CERT	IFICATION		
Male	White		Married	2D. DATE OF DEATH. March 10,	,48 ,11:25 P		
6.(b) Nama of bushand	√wile Her	rietta	Kirtscher	21. I CERTIFY that death occurred on the dete above atta	ted; that I altended decessed from 10, 148		
7. Birth date of	1 20 2	B.	(c) It alive, give age3.0yeard	and that I last aaw h im alive on March]	10, 1, 48		
deceased (mo., day, y	r.) 4-10-1	-9			DURATION		
8. AGE: Years		Days	If less than one day	Hepatic Cirrhosis: Etio	logy Unknown		
28	11	0		unknown			
9. Birthplace Bal	timore, 1	larylan	d state)	Due to			
	Imamalar	500					
10. Usual occupation	OHERDIO	eu		Due to			
11. Industry or business							
12. NameJ.O							
	Maryland	i		diathesis of small intes	tine unknown		
# 14. Malden name	Clara Mit	chell	.,				
14. Malden name 15. Birthplace	Maryland						
	deal De		ata Adm III-milto				
111111111111111111111111111111111111111	Howard,		etsAdmHospita	PHYSICIAN: Please underline the cause to which do	eath should be charged statistically.		
Region			3/15/48				
Burial Burial Date Ihereot (mg/nth) (day/ (year)			(month) (day) (year)	Accident, suicide, or homicide	Date of		
Cemetery or crematory Baltimore National Cemetery				Where did injury occur?	(County) (State)		
Baltimore, Md			0 0				
18. Funeral director Howard Blight, Jr.			the graph of				
1B. Funeral director	noward h	slight,	Ur.	William Co. House			
Address	49.14 Be	lair Rd	Balto, Md.	Homewal			
mun	112 10	9	2 21 Heland	23. SIGNATURE H. C. MANAUGH, M.D. Ch	ief Propessional		
19. (Date rec'd by rec	ristrar)		Registrar		Service -3-11-48		

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02508

CERTIFICATE OF DEATH

Reg. Dist. No. ... 32

County Baltimore City or town Mt. Wilson (If outside city or town limits, write RURAL and give nearest town) Hew leng in sheve place of death? 2 yrs., 5 mos., 21 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery Co.
Hespital, Institution, or street address where death occurred:	Street No. 9939 Moss Avenue. (If rural, give LOCATION)
How long in hospital or institution?2yrs,5mos,21days	2.(a) If veteran, name war
3.(a) FULL NAME Agatha Leaman	3. (b) Social Security Number None
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Divorced	20. DATE OF DEATH March 1 19 48 at 5 A. M
B.(b) Namo of husband or wife. Louis J. Simonton 6.(c) If alive, give age 48 7. Birth date of deceased (me., day, yr.) June 1, 1901	and that I last saw h. C.T. all vo on
8. AGE: Years Months Days If less than one day	Immediate cause of death BURATION Suicide—Codine Poisoning 2 hrs.
46 9 hrs.	
9. Birthplace Washington D. C. (Town, county, and state) 10. Usual occupation Clerk 11. Industry or business	Due te
[12. Name Oliver B. Leaman	Other conditions Tuberculosis 23 yrs.
13. Birthplaco Norbeck, Maryland	(Pulmonary & Intestinal) (Include pregnancy within 8 months of death)
14. Maiden name Mary K. Quilter 15. Birthplace Washington, D. C. 16. Informan Agatha Leaman	Major findiage of operations.
16. Informan Agatha Leaman	Dalo of op
Addross 9939 Moss Ave., Silver Springs	Antopsy results
Burial Burial Burial Bate Ihereef Mar. 4.194 (Burial, cremation, or removal. Which?) Cemetery or crematory George Washington Cem. Location Hyattsville, Maryland 18. Funeral director George Schwab Fun. Home	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Address 2101 Fred. Ave., Baltimore, Md.	23. SIGNATURE A.A. M. D. or other M. D. or other Address Reisterstown, Md. a. Date signed 3-1-148.

HILANE TO THE STANDARD STATE CHARLES

REALE CALL OR DEATH

MANUAL MANUAL

STATE VOTES

SERVICE STATE OF STREET

and a second of the brinding

IN SECTION

NAME OF TAXABLE

The same of the same

Marie I

MAR 10 1948

MAR 10 1948

BUREAU V. 8.

VS A15

ect age

MARYLAND STATE DEPARTMENT OF HEALTH

02500

2411 N. Char	rles St., Baltimore 930
CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County BALTIMORE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County BALTIMORE City or fown ARBUTUS (If outside city or town limits, write RURAL and give nearest town) Street No. 1233 GREASTONE Rd. (If rural, give LOCATION) 2.(a) If veteran, name war.
. (a) FULL NAME EMMA BARBARA Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE DF DEATH 14 MARCH 1948 at 6:15
.(b) Name of husband or wife JOHN H. LOECHEL .6.(c) If alive, give age year Birth date of deceased (mo., day, yr.) JUNE 32, 1886	and that I last saw halive on
. AGE: Years Months Days If less than one day 61 8 22	- f
Usual occupation	Due 10. Due 10
13. Birthplace RALTIMORE	Other conditions (Include pregnancy within 3 months of death) Major findings of operations
14. Maiden name ANNA F. SCHNOERR 15. Birthplace BALTIMORE, Md. B. Informant MRS. G. FRED TREIBLER Address 50/7 LEEDS AVE ARBUTUS	Autopsy results
7. BURIAL (Burial, cremation, or removal. Which?) Cemetery or crematory. Loudon Park Date thereof MARCH 17.1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Frederick aue Beltimore, Ma 8. Funeral director Walter Bursh Beauling	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
Address 1922 W. Worth We - Problems	23. SIGNATURE SEE Mile for Evan Ho. M. D. or other







1. PLACE OF DEATH:

How long in above place of death?.....

How long in hospital or institution?.....

Hospital, Institution, or street address where death occurred:

MARGIN RESERVED FOR BINDING

		11	1RY	
4. Sex	5. Color or race	B.(a)Single, r	narried, widowed, or	divorced
F	w	u	Down	ED
6.(b) Name of h	usband or wife	torias.	5. 4	21
***************************************		6.(c)	t alive, give age	
7. Birth date of deceased (mo	o., day, yr.)	MAY	6,	180
8. AGE:	Years Months	0ays / / 2	If less than one da	у
9. Birthplace	RIDG!	EVILLE	te)	V
10. Usual occu	pation			
11. Industry or	business			
12. Name	JAM	ES H.	TROL	21
13. Birthpia	ace RIDG	EVILLE	_ w	. V
14. Malden	55.00		E CA	LDW
2 15. Birthpla	ace SORIN	GFIELD	w.	Vo
16, Informant	MR	Wm. 1	/	16
Address	6308	BELLO	NA	12
17(Burial, cre	BURIAL mation, or removal, Whice	Oale thereof	3 /20	(y) (ye
Cemetery or		'ID K	IDG 13	
Location	likesvi	1	~1P.	16
10 Cunaval die	acion Wasa 5	1 /10	KNER	天

Address

2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother)	9:
State County County	PRLTO
City or town (If outside city or town limits, write RURA	L and give nearest town)
Street No. JALVERU (If rural, give L9CATION)	HUB
2.(a) If veteran, name war	
Y LONG. 3. (b) So.	cial Security Number
MEDICAL CERTIFICA	ATION //
20. DATE OF DEATH. 3/17/48	19 21// 7
21. I DEBTIFY that death occurred on the date above stated; that	1 attended deceased from
Immediate cause of death	OURATION
Lubereulani-Rile	werary wite.
Oue to.	£
Oue to	***************************************
Other conditions	***************************************
(Include pregnancy within 3 months of deat	h)
Major findings of operations	
Da	te of op
Autopsy results	ld be charged statistically.
22. VIOLENCE: If death was due to external causes, till in the	tollowing;
Accident, suicide, or homicide,	Date of
Where did injury occur?	unty) (State)
Injured at home, farm, Industry, public place (where?)	
Misans of Injury Injure	d at work?
	0 0.4.0

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

02511

CERTIFICATE OF DEATH

Diet No 33

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Md. County Balto. City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. World War 1 & 2
3.(a) FULL NAME Leon William Macdonal	
Male White Married	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 27 19.49:21 16.7. N
6.(b) Name of husband or wife Bernice H. Macdonald	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.38 10. 27. 1948. and that I last saw h alive on 3-27. 1948. Immediate cause of death. DURATION 4
9. Birthplace Brownsville Junction, Maine 10. Usual occupation. Industrial Sales Engineer 11. Industry or business 12. Name John R Macdonald 13. Birthplace Plainfield Vermont 14. Maiden name Josephine Barbe 15. Birthplace Switzerland	Due to
Address Reisterstown, Md. 17. Burial Date thereof March 31, 154 (Burial, cremation, or removal, Which?) Cemetery or crematory. Cambridge Cemetery Location Cambridge Mass.	Where did injury occur? (City or town) (County) (State)
18. Funeral director J.F. Eline & Sons Address Reisterstown, Md. 19. 3-29-19.48 No. 48. Eline Registrar	23. SIGNATURE D. D. Caples, M. D. M. D. or other



6.(a) Single, married, widowed, or divorced

6.(c) It alive, give age 36

If less than one day

2. USUAL RESIDENCE (HOME) Of		
State Transland County Ballmore		
City or town	, write RURAL and give nearest town	n)
Street No. 25 Salary (If rural, give	LOCATION	
2.(a) It veteran, name war 726	LOCATION)	
	3. (b) Social Security Number	
	215-01-6790	
MEDICAL CI	ERTIFICATION	
20. DATE OF DEATH 7 Tha	rch 1948 112.	30a
21. I CERTIFY that death occurred on the date abo		
19	to 7 much	19.4.6.
and that I last saw halive on		19
Immediate cause of death. Caralian	esperatory DU	RATION
failure		
U		
Due to Hypertensive Car	disvascular	
senal dise	are f	yu
Due to		
	les le le le	7
Other conditions Dec Peptie u	elly, really 10 g	•
(Include pregnancy within 3 r	nonths of death)	
Major findings of operations	Date of op.	
A-1		
Autopsy results	nich death should he charged statistical	y.
OR THOUSENESS It don't was due to external cour	ese till in the tailowing:	

MARGIN RESERVED 12. Name...... 13. Birthplace WITH UN important 14. Maiden na 15. Birthplace PLAINLY, is especially

ery item of in

p

7. Sirth date of deceased (mo., day, yr.)

1D. Usual occupation.

11. Industry or business

8. AGE:

FOR BINDING

Maens of Injury

Accident, suicide, or homicide. Where did Injury occur?

23. SIGNATURE Paul H Royse M. D.
Address Pikesville 8, 2nd Date sin

(City or town)

Injured at home, tarm, Industry, public place (where?)

injured at work?

RECEIVED

MAR 9 1948 BUREAU V. S.

A15 SA

correct age

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02513

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: County RALL AND RE City or town (If outside city or town fimits, write RURAL and give nearest town) How long in above place of death? 3.4.4.4. Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME	3. (b) Social Security Number
MARGRERT ANN M	ARKLINE NONE
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOW	20. DATE OF DEATH 194 2
6.(b) Name of husband or wife PH-LIP MARKLING	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1838, 10 May 121848
7. Birth date of	and that I last saw half alive on rules !
deceased (mo., day, yr.) DECEMBER 3-1862	Immediate cause of death
8. AGE: Years Months Days It less than one day	Characa hyrically
81° 3 9hrsmin.	0
9. Sirthplace WIT [] HALL M [] (Town, county, and state)	Due to
10. Usual occupation ATHOME	
11. Industry or business	Due to
	7 tubent
12. Name Mic HADL KING 13. Birthplace BAYARIA SERMANY	Diher condilions of flat derivery
	(include pregnancy within 8 months of desth)
E 14. Maiden name CATHERINE STROH	Major findings of operations
2 15. Birthplace BALTIMERE C. MO	
16. Interment Howard & Markenia	Autopsy results
1 - K- 11 Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. BuRin L (Burial, cremation, or removal, Which?) Date thereof MAR-19-49 (month) (day) (year)	Accident, suicide, or homicide
Cametery or crematory VERNON	Where did injury occur?
WHITE HALL R.F.B.	
Location W. T. L.	Injured at home, farm, industry, public place (where?)
18. Funeral director E. S. / Kung . Son	Means of Injury Injured at work?
Address gasultouble, Inch.	as CIONATURE Q. by France
10 mar. 12, 10 48 mis Howard S. Marke	23. SIGNATURE M. D. or other
(Dato rec'd by registrar)	Address achter hid - Date signed 2 /17/48

RECEIVED

WAR 18 1948

BUREAU V. S.

1 PLACE OF DEATH.

PLAINLY, V is especially

VRITE

EASE

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED.

02514

Py Rog. Dist. No. 938

county Baltimore	(For newborn infalts give residence of mother)
City or town. Towson 1, Many and (If outside city or toyn mits, write Rush and give nearest town)	State Mary Land country Ralling City
How long in above place of death? LUCL HOMESTY 27, 1948. Hospital, institution, or street address where death occurred:	City or town
Eudowood Sanatorium, Towson L.	Street No / (If rural/prive LOCATION)
How long in hospital or institution? Since Teb 27,1940	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Michael Mastrecola MA	+STRECOLA
4. Sex 5. Color orface B.(a) Single, married, winswed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 20. DATE OF DEATH 25.10 Q
8.(b) Name of husband or wife Eva 2). Mastrzeola	21. LCERTIPY that death occurred on the date above stated: that I attended deceased from Figurally 1146 S. 10 MMCM
7. Birth date of deceased (mo., day, yr.) Aly 28, 1894	and that I last saw h MATA alive on MACAL
8. AGE: Years Months Days If less than one day 13hrsmin.	Pulmana Libranter
9. Birthplace Dallings (Town, county, and state)	Due to. Third
10. Usual occupation and Management	Due to
11. Industry or business Sarrows Form	Other condition Fill is that just about
12. Name 13. Birthplace (flalip)	Legisla within apparently 11:45 at
14. Maiden name Jasephung Jacksen	Major Hadiyes of operations That Causelleary
E 15. Birthplace Canady	Date of op.
16. Interman Personal history—Hospital records	Actopsy results
Addres Eudowood Sanatorium, Towson L. Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial Bate fhereof 3/15/48 (month) (day) (year)	Accident, suicide, or homicide
Cemetery and exemptory Though Redresser	Whera did injury occur?
Location Balto. Med.	Injured at home, farm, Industry, public place (where?)
18. Funeral director William Cook Jose.	Maans of Injury Injured at work?
Address 1217 St. Paul J.	le (1 Brideen
19 Mar 12 , 48 a W Jeduca	23. SIGNATURE M. D. M. D
I (Date see a b) segment)	MANAGEMENT STATES OF THE PROPERTY OF THE PROPE

MARGIN RESERVED FOR BINDING

VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02515

	•		CERTIFICAT	TE OF DEATH Reg. Diat. No.	
How long in above place of d Hospital, institution, or stree 21 Me	imore nsville de city or town limi eath?	ts, write R	UkaL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
5. (b) 10Lb 17.m2		T	homas Matthews	3. (b) Social Security Number	
4. Sex 5.	Colored		widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19.48, at 9.30 mm	
8. AGE: Years) It alive, give ageyears	Immediate cause of death DURATION DURATION	
9. Birthplace	Labore Labore Mat	e anty, and s	Md	Due to	
14. Malden name	Marie Bo			Major findings of operations.	
Address 21 Mars. Rurial (Burial, cremation, or r	Mable Melrose Temoval. Which7)	Curt: Ave. Date there	ot3-6-48 (month) (day) (year) Cem.	Antopay results	
18. Funeral director MIR.	France Biddl	es A	Hemsley W. Hedrick Registrar	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE	

information care of death clearly ADING INK. Supply every item of Physicians: please write the causes BINDING FOR RESERVED MARGIN WITH UNF PLAINLY, Is especially

PLE.

1. PLACE OF DEAT

How long in hospital or institution?..

Years

Months

3. (a) FULL NAME

7. Birth date of deceased (mo., day, yr.)

9. Birlhplace

10. Usual occupation

11. Industry or business

13. Birthplace 14. Maiden nam

18. Funeral director

8. AGE:

outside city or town limits, write RURAL and give nearest town)

6.(c) If alive, give age

...... hrs.

Registrar

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164a 02516

CERTIFICATE OF DEATH

	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) OF I	DECEASED:
StateCounty	f
City or town(If ourtside try or town house)	write GRAL and give nearest town)
Street No.	
(If rural, give LC	OCATION)
2.(a) If veteran, name war	
nough.	3. (b) Social Security Number
MEDICAL CER	RTIFICATION
m	
20. DATE OF DEATH	21 148 11/P.
21. I CERTIFY that death occurred on the date above	stated; That I attended deceased from
	, to
and that I last saw halive on	
Immedisie ause of death	DURATION
Strongulation	
Brongularion	by hanging is
	11. 4
Due to	3

Oue to	

Other conditions	
(Include pregnancy within 3 mo	nths of death)
Major findings of operations	
01	Oate of op
Abitisy r inits	
PHYSICIAN: Please underline the cause to which	h death ahould be charged statistically.
22. VIOLENCE: If death was due to external cause	s, fill in the following:
Anathania sulcide, or hand	Uate of
Where did injury occur! (City or town)	(Gounty) (State)
Injured at home farm, industry public place (when	(e?) ger nome
'//	Testnjured at work? Of Trom
The state of the s	
phra Can	- 2 4

RECEIVED

MAR 24 1948

BUREAU V. S.

MARVI	AND	STATE	DEPARTMENT	OF	HEALT
MAKIL	ANU	SIAIL	DEPARTMENT	UF	Hrat. II

2411 N. Charles St., Baltimore

TH 46e

02517

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Daltinobl	(For newborn infants give resideocé of mother)	
City or town. Olive Auditional City or town limits, write RURAL and give nearest town)	State mary land county out out	
(If ootside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Hospital, Institution, or street address where death-occurred:	(If outside city or town limits, write RURAL and give nearest town)	
1725 Church 1202-el	Street No. 1728 Church Road	
1.1.2	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If yeteran, came war	
3. (a) FULL NAME	3. (b) Social Security Number	
Laura Labelle Mc Ginley	none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Tenale White Wilowed	20. DATE OF DEATH / Marche 1848 at 8:45 P. m	
6.(6) Name of husband or wife Philips Coopee Mc Ginley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
B.(0) Name of husband of wife.	march 1846 10 / march 18 48	
7. Birth date of	and that I last saw h. 21 alive on 23 FUL. 1848	
deceased (mo., day, yr.) 20 april 1873		
8. AGE: Years Months Days If less than one day	Immediate payse of death	
7 5 10 10hrsmin	Carcura of signaria 2 years	
Som excet Court Po enda-		
9. Birthplace (Town, county, and state)	Due to	
10. Usual occupation Houseaste		
10. Usual occupation	" Due to	
11. Industry or business		
12. Name Chartes 2 Coldwell 13. Birtholace England	- Dither conditions	
\$ 13. Birtholace Eusland		
	(Ioclude pregnancy within 3 months of death)	
14. Maldeo name Egama Cit Hockenberry 15. Birthplace Penn Sulvania	Major findings of operations	
\$ 15. Birthplace Pennsylvania		
16. Informant mrs. Ruth Thorne		
	PHYSICIAN: Please voderline the cause te which death shoold be charged statistically.	
Address 1725 Church 1000		
Burial Date thereof 3/4/48	22. VIOLENCE: It death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Wate thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location Bellefonte, Pa.	Injured al home, farm, Industry, public place (where?)	
	Means of Injury Injured at work?	
18. Constat director		
Address , NORTH AVE. & BROADWAY	Kan A W Church	
23 VC 01 Val.	23. SIGNATURE M. D. or other	
19. (Date rec'd by registrar) (Date rec'd by registrar)	8 7 Least Cake De (Mard 4)	
(Date r c'd by registrar) Registra	Address Date signed Date signed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02518

CERTIFICA	TE OF DEATH Reg. Diat. No. 30
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give esidence of mother) State
Row long in hospital or institution?	. 2.(a) If veteran, name war
3. (a) FULL NAME Mattie 1.	Reredith 3. (b) Social Security Number
Temale Colored Officers Widowed or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH ULAUL 14 8 10:00 A
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; thal I attended deceased from 19. 10 19. Immediate cause of death. Due to. Other conditions. (Include pregnancy within 3 mouths of death) Major findings of operations.
16. Informant Address 17. Bate thereof fhonth (year) Cemetery or crematory. Locetion Bate thereof fhonth (year) Locetion Bate thereof fhonth (year) Addrese Addrese	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 2: VIOLENCE: If deeth was due to external causes, fill in the following; Accident, suicide, or homicide
19. (Date rec'dby registrar) Registrar	

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

02519 Reg. Dist. No. 4/2

CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
100 Line 1 Line	State und County Bolto	
City or fown (If outside city or town limits, write RURAL and give nearest town)	State County	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospifal, Instillution, or street address where death occurred:		
5-911 Hammand Jung Rd.	Streef No. 2911 Would Frame Had. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Willer	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 6:50	
Man White		
man while wedowed	20. DATE OF DEATH 2000 ch 15 18 48 21 19 19	
8.(b) Name of husband or wife Lessana & Husen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) Opine 18-1861	and that I last saw h alive on 19.	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
86 10 26min.	Carlin Veseus revol 19 ling	
On Dria		
9. Birthplace (Town, county, and state)	Due 10	
Rolling		
10. Usual occupation	Due to alario - Delevotos 13 p.	
11. Industry or business		
12. Name Libertonia	Other conditions	
\$ 13. Birthplace Austria		
14. Maiden name. Majerrown 15. Sirthplace Austrici	(Include pregnancy within 3 months of death)	
of as Billion in Asia Trice	Major findings of operations.	
2 15. Birmpiace Guillian	Date of op.	
16, Informant formed file	Autopsy results	
Address 205 Hills added Red. Fangeliero	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
1 1 1 19110	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or bemicide	
Cemetery or crematory. St. Fail. Carl	Where did injury occur?	
Location Baltimore Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Dill Bros.	Means of Injury Injured at work?	
Address 3109 Frederick Ave,	Cha Lace h Zus	
19. 3/16 1945 AW Jedruh	23. SIGNATURE M. D. or other Address Date signed 3 - / - 48	
(Date rec'd by registrar) Registrar	Address Date signed	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

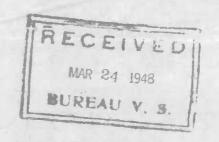
93d

02520

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Mangland County Balliner	4
(If outside city or town limits, write RORAL and give nearest town)	City or town (If outside city or town Units, write RURAL and give near	()
How long in above place of death?		
	Street No. falls find .	
How long in hospital or institution?	(A rifral, give LOCATION)	
3.(a) FULL NAME Many Ellen Miller	3. (b) Social Security N	umber
	none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F. W. mouned	2D. DATE OF DEATH March 19 19 48	11:15P M
11 . C mille	21. I CERTIFY that death occurred on the date above stated; that I attended decease	
8.(b) Name of husband or wife. Landay C. Muller	7 de 23 1847, 10 March 18	
7. Birth date of	and that I last saw h. C. alive on March 15,1	
deceased (mo., day, yr.) /w. 6, 1864	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Connain Thrankin	
834 13hrsmin.		
9. Birthplace Balto G. md-	Due to Regresterant - arterios cluster	Manag Brocks
9. Birthplace	Cardia saseshas alaidan	The state of the s
10. Usual occupation. Housewale	Due to	DIO
11. Industry or business	Due to	•••••
	Other conditions Parmicians amondas	mere).
12. Name Wm. Causer 13. Birthplace Balta G. Md.		
	(Include pregnancy within 3 months of death)	
14. Maiden name. Guscilla Carles 15. Birthplace Ballo - Co. ml -	Major findings of operations	·····
\$ 15. Birthplace Bello - Co. M.K.	Date of op	o= oo0 *oo = = oo00 o = oo0 oo0000000
18. Informant 1-Leurs C. Miller	Antopsy results	*************
Address Cochensulle R #1	PHYSICIAN: Please underline the cause to which death should be charged st	atistically.
B O Au 22 1040	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Poplar Grave Chine Com	Where did injury occur?	(State)
Calle mille mel	Injured at home, farm, industry, public place (where?)	
Location	Means of Injury Injured at work?	
18. Funeral director.	modile of injury injured at work?	
Address Sparks mal	80. 1.71 R all 11 1	n 30
5 -20- 480 Viluer Chacon	23. SIDNATURE Ligalith B. Shirill M. D. or	other
19	Address Cackeyswille Mod. Date signed of	3/30/48



MARGIN RESERVED FOR BINDING

VS A15

	ion	5
	lat	th
	rn	des
	WHY WRITE PLAINLY, WITH UNFADING INK. Supply every item of informat	especially important. Physicians: please write the causes of death cl
	of	es
	m	ans
	ite	9
	ery	th
	eV	ite
	2	WI
	Idn	se
	(Z	lea
	K.	1
	H	ans
	S	sici
		hys
	FA.	Д
	Z	nt.
1	L	rta
1	E	odu
	M	in.
	Y,	ally
	Z	ecia
	'AI	Sp
	PI	S
	E	
	RI	
/	M	1
-	8)
	-	1

CERTIFIC	CATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	State County Baltimore City or town Essex - Rural Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. Box 406 Back River Neck Rd., (If rural, give LOCATION) 2.(a) If veteran, name war.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. March 1 19 48 at 5.30P
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) March 12, 1913 8. AGE: Years Months Days If less than one day 34 11 18 hrs. 9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Caritor 11. Industry or business Sparrows Foist EXITY 12. Name Albert Moroz 12. Name Poland Signification Williki 14. Malden name Justine Williki Poland	21. I CERTIFY that feath occurred on the date above slated; that I attended deceased from years and that I last saw h
Eurial (Burlal, cremation, or removal. Which?) Cemetery or crematory. Christ Evangelical Church Location. Bundalk, Md. HENRY SANDER & SONS, INC. Address NORTH AVE. & BROADWAY 10. Address NORTH AVE. & BROADWAY	Antapsy results. PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 1 Injured at work? 23. SIGNATURE 24. 25. 25. 25. 25. 25. 25. 25. 25. 25. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 1

MARGIN RESERVED FOR BINDING

9-45-15

A15 VS

CERTIFICATE OF DEATH

CERTIFICATE	Reg. Dist. No		
1. PLACE OF DEATH: County Bultimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	State		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6. (a) Sidgle, married, widowed, or divorced Apale White Lingle	MEDICAL CERTIFICATION 20. DATE DF DEATH MAS 3.0 19.48, at 11.50 Q. N		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from March 26 19 48 to 9104 30 19 48 and that I last saw have alive on 9104 30 18.48		
deceased (mo., day, yr.) Mor, 15 - 1972 8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION DURATION Surg		
9. Birthplace Bulanting Makeum Ingland (Town, county, and starg) 10. Usual occupation. Stockholder	Due to Schrosis 5-yes		
11. Industry or business . 12. Name Down't lemous 13. Birthplace	Other conditions		
14. Malden name	(Include pregnancy within 3 months of death) Major Sudings of operations		
Address Hasonic, Home Corleminal Mel	Autopsy results		
17. (Burial, cremation, or removal. Which?) Dale thereof. 4. 4. 4. 4. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Commetery or crematory Andrew Hole.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Hone Cooke Address St, Paul & Preston St 19. 3/3/ (Dote rec'd by registrar) 19. 48 Gaura M. Schwider Registrar	23. SIGNATURE Halter J Kels M. D. or other		
(l)ate rec'd by registrar) Registrar	Address COURSTON Date signed Xf. 30 7.7.		

APR 1 1948 BUREAU V. 8.

3

2411 N. Charles St., Baltimore

02523

Address Reisterstown,

Reg. Dist. No. 92

Date signed 3-25-48

OF DEATH

		CERTIFICAT	E OF DEATH	Reg. Dist. No.
How long in above pla Hospitai, Instilution,	f outside of y or town lize or death?	mits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECE (For newborn infants give residence of mother) State. Mary Land. County E City or town. (If outside eity for town limits, write) Street No. Durley Ave. (If rural, give LOCAT 2.(a) It veteran, name war.	Baltimore RURAL and give nearest town)
	Alice H	Esther Black Mowbray		none
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDIÇAL CERTII	
F.	W -	Married	20. DATE OF DEATH. March 25	1948 10:30P
	nd or wife Edu		21. I CERTIFY that death occurred on the date above stated 3-25-148	f; that I attended deceased from
7 Sirth date of			and that I last saw her alive on not se	
deceased (mo., da)	y, yr.) allyu	11 14-1098	Immediate cause of death	
8. AGE: Yes	ars Months	Days If less than one day	Becond & third degree	burns
49	/	hrsmin.	of entire body	ahr.
9. Birthplace	(lown,	En Country medicountry, and state)	Due to	(est.)
1D. Usual occupation	1 truse	Wife	Due to	
11. Industry or busin	ness /	0 0		
12. Name	1 1 11 1 .	E County, md.	Other conditions	
~	- 1	Olara Marateri	(Include pregnancy within 3 months of	of death)
14. Malden nam	ne Mary a	umse.	Major findings of operations	
∑ 15. Birihpiace	11 11 11	Marchan	NOW	
16. Informant	aum !	· milford Bello Co. no	PHYSICIAN: Please underline the cause to which deal	th should be charged statistically.
Address Will	rug au	00000	22. VIOLENCE: It death was due to external causes, till	in the tollowing:
17 Dunial, cremati	ion, or removal. Which?	Date thereot	Accident, suicide, or homicide	Dale of 3 23 49
Cemetery or crem	5014.16	- Lus	Where did injury occur? . A wiley ave -	(County) (State)
Location	andall	stores my	Injured at home, farm, Industry, public place (where?) Means of Injury Fire in Resident	Home.
18. Funeral director	manle	14. Meurel Mey		
Address	ikesvil	le, Maryland	23. SIGNATURE D. D. Caple	a med. Exam.
10 5 - 2	7. 1948	14 88 Michols	Deigtorgtown Md	M. D. or other

.(a) It veteran, name war	3. (b) Social Security N	lambar.
		lumber
	none	
MEDIÇAL C	ERTIFICATION	
D. DATE OF DEATH March 25	19.48	10:30P.1
1. I CERTIFY that death occurred on the date about 3-25-148	ve stated; that lattended decear	ed from 18 19
nd that I last saw her alive on not	seen alive	19
mmediate cause of death		DURATION
second & third deg	ree burns	
of entire body		hr.
ue to		(est.)
ue to		
ther conditions		*********************
(Include pregnancy within 3	months of death)	
ajor findings of operations		
	Date of op	
otopsy results	**************************************	
2. VIOLENCE: It death was due to external car	uses, till in the tollowing:	
coldent, sulcide, or homicideace	sless Dale of 3	-25.49
There did injury occur?	Ive-Balto7	md
(City or town)	(County)	(State)

Md.

BINDING FOR RESERVED MARGIN information careful of death clearly an

item of i

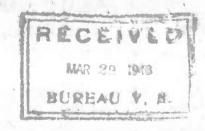
C. Supply every in

WRITI

EASE

(Date rec'd by registrar)

AI N



2411 N. Charles St., Baltimore

830

02524

CERTIFICATE OF DEATH

2_

·	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sex 5. Color or race 6.(a) Single, married widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
m. Col marries	20. DATE DE DEATH March 9 19 78 at 3145
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 16 18.45 to Merch 9 19.45
9. Birthplace	Due to. Due to.
11. Industry or business Harmonia 12. Name Pullip Negro 13. Birthplace Harmonia 14. Maiden name Pullip Pullip Negro 15. Birthplace 15. Birthplace	Unclude pregnancy within 3 months of death) Major findings of operations.
Address Speley mod Mark 13/	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director Address 1295. Carshing Lt. 19. 3 - O	23. SIGNATURE Jed O Holow M.D. M.D. or other Address Edglword M.D. Date signed 3 - 7 - 4 7

WITH UNFADING NIK, Supply every item of information carefully. The correct againment. Physicians: please write the causes of death clearly and legibly.

PLAINLY, vis especially

WRITE

PLEASE

SA

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

9331

02525

Reg. Diat. No..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother) State Marylan County County
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Vallaman
How long in above place of death? 25 Jeans	(If outside city or town limits, write RURAL and give nearest town)
Mospital, institution, or street address where death occurred:	Street No. Link Rd.
	(If rura, rive LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Maney Susan My	les –
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
f. W. Widowed	20. DATE DF DEATH March 2 19.48 , at 6:20 M
Concerded a Milled	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wife	Daranter 10 18.48 10 march 1 19.48
7. Birth date of	and that I last saw h Ca alive on manage 19.48
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days titless than one day	my cor leter Chine
9/ 9/2/hrsmin.	
9. Birthpiace. (Town, county, and state)	Due to.
Trewn, councy, and seated	
1D. Usual occupation.	Due to.
11. Industry or business	for the second s
E 12. Name. Dand Just	Other condition crehant about
13. Birthplace Openhandwared	advanced age
14. Maiden name Elizabeth Courses	(linelude pregnancy within 8 meths of death)
15. Birthplace Penn	Major findings of operations.
21 15. Birtapiace	Date of op.
18, Informant Carty auf	Autopsy results.
Address Cochandrelle med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bunal Date thereof Man 5 1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cometery or crematory guald	Where did injury occur?
Location Quand Ofice	tnjured at home, farm, Industry, public place (where?)
18. Funeral director dandin on Brooks	Means of injury tnjured at work?
Address Smale Me.	-1p' p (C) 7 7.7
r., 48 filler C. Insor	23. SIGNATURE Le . LE . LE . M. D. or other
19	1 les 5 Me Me 100 3/2/48

RECEIVED

MAR 5 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

DOFOR

Reg

UK	174	0	1
Dist.	No	4	4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County BALTIMORE	State MARYLAND COUNTY BALTIMORE
City or town	
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. 630 FRANKLIM HVE.
630 FRANKLIN HVE.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MICHAEL NOPPINGER	SR.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Widowed	20. DATE OF DEATH MARCH 6 - 10 48 at 8:45 A.M
6.(b) Name of husband or wife BARBHRH FOERTSCH	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7 80 20 19 48, 10 march 6 19 48
7. Birth date of	and that I last saw h an alive on book 6 19.45
necesses (may depty)	Immediate cause of death
7 0	Cerebral Hemonlage 3 days
74 / 9hrsmin.	
9. Birthplace	Due to fry pas tension don't know
Prince Pausesses	
	Due to
11, tndustry or business	
12. Name JOHN NOPPINGER 13. Birthplace GERMANY	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
14. Malden name	Major radings of operations. Date of op.
Nia Nasau (55	Antopsy results.
10, (11)0111811	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 630 FRMNKLIN HVE - ESSEX	22. VIOLENCE: If death was due to external causes, flil in the following;
17. Burial cremation or removal Which?) (Burial cremation or removal Which?) (Burial cremation or removal Which?)	Accident, suicide, or homicide
C C.c.	Where did injury coour?
Cemetery or crematory DACRED HEHRT DEM.	
Location GERMAN HILL ICE. GALTO. CITY	Injured at home, farm, industry, public place (where?)
18. Funeral director LILLY + ZEILER INC.	Means of Injury Injured at work?
Address 403 S. WOLFE ST. BALTO.	23. SIGNATURE M.a. gaestes M.D
19 Frank 9: 45 @ W. Hedres	6 (7 North) Rt Rd 3/9/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BINDING MARGIN RESERVED FO

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASEWRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

440	
-	1700
and the	- American
-	-
	The same

	Reg. Dist. No.
1. PLACE OF DEATH COUNTY SALEMAN	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State MS County Salta
How long in above place of death?	City or town (Loutside city or town limits, write RUCAL and side nearest town)
Hospital, Institution, or street address where death occurred:	(I outside city or town limits, write RUTAL and nive nearest town)
	(If rural, give LOCATION)
Now long in hospital or institution? 3. (a) FULL NAME	2.(a) 11 veteran, name war
Mary Low	3. (b) Social Security Number
5. Color or race 6.(Q)Singly married, wildowed, or divacced	MEDICAL CERTIFICATION
temale Colored Phanies	6. DATE OF DEATH. 1 2 19 48 1 2 4
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	MA1 1/2 23 19 4 2 10 TOD 25 19 4 2
7. Birth date of deceased (mo., day, yr.) as. 8, 1903	and that I last saw h. C.Y. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
#5min.	I uncer 1 2/1 mg /
9. Birthplace (Town, county, and etate)	Due to
10. Usual occupation Sentiment	· · · · · · · · · · · · · · · · · · ·
11. Industry or business	Due to
12. Name Ferren Leupin	Diher conditions
13. Birthplace Gutman GI, Can.	
14. Malden name Hattu Stillians	(Include pregnancy within 3 months of death)
15. Birthplage Butne Co, Sa.	Major findings of operations.
18. Intermediate Clarke Gallew	Autopsy results.
Address Featherfed Lane	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof March 22,194	22. V10LENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Wbich?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Culture Sun	Injured at home, farm, Industry, public place (where?)
18. Funeral director Mars. Town, St. Walland	Means of Injury Injured at work?
Address 1631 Durid Still Coa	is some T. Hallo hus Im II. I.
19. Man 22 19 48 a. W. Hellich (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address 23 Hanne Pel. Date signed 8/2 2/48

92a

02528

0.0000

The orrectage

BINDING

RESERVED

1. PLACE OF DEATH:

CERTIFICATE OF DEATH

County Baltimore Co.,			
City or town Owings Mills Md (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of Hospital, Institution, or	of death?16	yrs.	l mo., l day.
Rosewood			
			1 mo. 1 day
3. (a) FULL NAME		J	
		4 7	1. 1.
Edward E	Bayward P	atche	, married, widowed, or divorced
			ngle
Male	White	101	11g Te
6.(b) Name of husband	or wife		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		6.(c) if alive, give ageyears
7. Birth date of	12/26/		
8. AGE: Years		Days	It less than one day
31	2	8	5hrs. 10min.
a simbolosa Ela	ston. Ma	rvlan	d tate)
9. Siringiace	(Town,	county, and s	tate)
10. Usual occupation			od St. Train-
11. Industry or business			
置 12. Name	ohn Patc	hett	
12. Name John Patchett 13. Birihplace Talbot Co., Md.			
14. Maiden nameAdele Asche			
16. Informant Institutional Records			
Address Rosewood, Owings Mills, Md.			
Burial (Burial, cremation, or removal, Which?) Date thereof. March 7, 1948 (month) (day) (year)			
Cemetery or crematory Rosewood Cemetery			
Location Balto.Co.			
18. Funeral director J.F. Eline & Sons			
Address Reisterstown, Md.			
19. 3 - 1 E	F- 19 48	. n	lary B. E. Line Registrar

2.(a) It veteran, name war		
	3. (b) Social Security !	Number
	RTIFICATION	
20, DATE OF DEATH. 3/5/48	19	. 5.10A
21. I CERTIFY that death occurred on the date about March 1st 19.8 and that I last saw h. imalive onMar.	3 March	6 19.48
ency (aortic lesio	<u>insuffici-</u>	8 yrs.
Due to Hemiplegic Idio symptomatic grand Due to sy.	mal epilep-	Birth
Other conditions		
(Include pregnancy within 8 m		

(City or town) (County) (State)

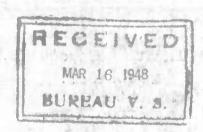
Means of Injury Injured at work?

23 SIGNATURE Harry & Busley

Registrar Address Querrys Mells, Mad Date sign

VS A15

PLEASE



I. PLACE OF DEATH:

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02529

Reg. Diat. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 1Daltymath	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	Stato Many County Ballings
How long in above place of death?	City or town
Nospital, institution, or street address where doubt occurred:	Street No. 22 Walker
	(If rural, give LOCATION)
How long in hospital or instillution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	
allen Francis Reddicord	3. (b) Social Security Number
4. Sox 5. Color or race 6.(a)Single, married, widewed, or divorced	MEDICAL CERTIFICATION
male white married.	20. DATE DF DEATH 2 4 march 19 48, st 11 25 P. M
6.(6) Name of husband or wife: Helen Ruth Peddicord	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	29 Wall 19, 69, 10, 29 posicion 19 /
7. Birth date of docoasod (mo., day, yr.) may 7 - 1915	and that I last saw h
8. AGE: Years Mooths Days If less than ons day	Immediate cause of death
32 10 72hrs. min.	Selection of the select
B. Birthplace Way restorough - Pa, (Town, county and state)	Boe to Husser Landing Cardinasassing 142
D.AAVI	rand disease
1B. Usual occupation Selveramulk	Due to.
11. Industry or business Stieff Co.	
12. Name grouph Peddicord	Other conditions & in betas mellitus whown
12. Name Grayah Peddicard 13. Birthplace maryland	
	(Include pregnancy within 8 months of death)
14. Maiden name. adeline Krietz	Major findings of operations.
m. 1. 280. 7. P. 10	Dats of op.
	Autopsy results
Addross 22 Walker Cur. Phesurlle, ma	22, VIOLENCE: 11 doath was due to external causos, fill in the following;
(Burial, cremation, or removal, Whichi) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory New Cathelial	Where did injury occur?
Location Bultimore and	Injured at home, farm, industry, public place (where?)
18. Funoral director Thank H. Mary	Moans of Injury Injured at work?
Addros Pikeserlle, maryland.	of warrent for a & Rouse in D.
19. 3/3// Oute recidely registrar) 184 f & Michael Registrar	23. Signature M. D. or other
(Days rec why registrar) Registrar	Address

TELESCO TO TO THE TELESCOPE

DOTTED TO RID HADRONS

RECEIVED

APR 3 1948

BUREAU V. S.

MADVIAND	CTATE	DEDADTMENT	OF	RICALT	·T
MAKILANI	SIAIL	DEPARTMENT	UF	HLALI	п

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state Maryland county Charles
City or town. Catonsville. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	Cily or town. Ironside (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Spring Grove State Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert C. Perry	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	2D. DATE DF DEATH. March 3 19 48 21 10:10 am
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 to
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) December 16, 1902	Immediate cause of death
8. AGE: Years Months Days If less than one day	f f
45 2 15hrsmin.	Congestin Meumini
9. Birthplace Ironside, Maryland (Town, county, and state)	Due to
	January Daniel Company
1D. Usual occupation	Due to practise left hip
11. Industry or business Agriculture	
[12 Name Milton Perry	Diher conditions Surgical neck
13. Birthplace Maryland	00-:
H 14. Maiden name Novella Sanders	(Include pregnancy within 3 months of death)
E	Major findings of operations.
15. Birthplace Maryland	Date of op,
16. Informant Hospital Records	Autupsy results
Address Catonsville 28, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Buried (Burial, cremation, or removal, Which?) Date thereof. 3-29-148 (month) (day) (year)	Mediculti agreed of montestad agreement
Cemetery or crematory Spring Grove State Hospital	Where did injury occur? (City or town) (Connty) (State)
Catonsville 28, Maryland	Initired at home, farm, Industry, public place (where?)
	Means of Muly on Knicked down fixed at work? 11
18. Funeral directorSpringGroveStateHospital	Of another paternt Nort Mil
Address Catonsville 28, Md.	The state of the Self ske a
19. 3 - 29 1948 2/E. Harry	23. SIGNATURE M. D. or other
19	1010 Noed- 2-10

MAR 30 1948
BUREAU V. S.

1 21 3

M Morrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	9	5	2	1	
6	F	U	U	1	

Reg. Dist. No. XX

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)	State Maryland County		
(If outside city or town limits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give ne		
How long in above place of death?			
Vets. Adm. Hospital, Ft. Howard, Maryland	Street No. 125 Cheapside St.	*******************	
How long in hospital or institution? 1 Day			
3. (a) FULL NAME	. S.(V) 11 teleran, manie man		
JOSEPH A. PLANK	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1	
Male White Widower	20. DATE OF DEATH March 17, 19.48	.a.8:10.A	
6.(b) Name of husband or wife Widower	21. I CERTIFY that death occurred on the date above etated; that I attended dace		
7. Birth date of deceased (mo., day, yr.) 12-24-1888	and that I last saw h.imallve on March 17,	1948	
	Immediate cause of death		
o. Add.	Pulmonary Tuberculosis, far adv.,		
59 2 23ni	acoive. Year		
9. Birthplace Pennsylvania (Town, county, and state)	Due to		
10, Usual occupation Unemployed			
10. Usual occupation	Due to		
11. Industry or business			
置 12. Name. Joseph Plank	Dther conditions	***************************************	
3 Birthplace Pennsylvania	(Include pregnancy within 3 months of death)		
14. Malden name Unknown 15. Birthplace Pennsylvania Clinical Records Vets Adm. Hosp.	Major findings of operations		
15 Righniage Pennsylvania			
16. Informant Clinical Records, Vets. Adm. Hosp.		***************************************	
16. Informant Office Howard Month and	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial (Burial, cremation, or removal, Which?) Date thereof 3/19/48 (month) (day) (year)	Accident, suicide, or homicide		
	Whera did injury occur?		
Raltimore Md.			
	injured at home farm, industry, public place (where?)		
	Means of Injury Diffured at work?		
18. Funeral director 4914 Belair Rd., Baltimore, Md.	Morge Leiner		
	22 SIGNATURE	or other	
19. 3/18 19X8 A.W. Hedrell	GEORGE LEWIER, M.D. M.D. or other		

correct age

CAINLY, WITH UNFADING INK. Supply every item of information carefully. The cespecially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02532

CERTIFICATE OF DEATH

PC Reg. Dist.	No. 44
OF DECEASED:	

1. PLACE OF DEATH: County Baltimore City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)							

How iong in a	have place of	death? 15	davs	KUKAL and give nearest town)	City or town Baltimore (If outside eity or town limits		
Hospital, inst	itution, or st	reet address when	e death occurre	d:	(If outside eity or town limits	s, write RURAL and give no	earest town)
Vetera	ins Ad	ministra	tion Ho	spital	Street No. 911 N. Central	LOCATION	
How long in h	ospital or in	stitution?15	days	***************************************	2.(a) If veteran, name war		
3. (a) FUL	L NAME						
	H	ARRISON	PLANTER			3. (b) Social Security	r Number
4. Sex	5	. Color or race	6.(a)Singl	s, married, widowed, or divorced	Tempical co	7	
Male	. (Colored	Mar	ried		ERTIFICATION	
					20. DATE OF DEATH March 24	19.48	
6.(b) Name of	husband or	wite Hele	n Plant	er	21. I CERTIFY that death occurred on the date abo		
22-22			6,(0	e) If alive, give ageyears	March 9		
1. Birth date o	no., day, yr.)		3, 189		and that I last saw h. i.malive onMar		
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of deathBRONCHIAI	ASTHMA	DURATION
	54	7	21	hrsmin.			
9. Birthplace	Ba	ltimore.	Md.	tate)	Due to		***************************************
		(Town	, eounty, and s	tate)			
1D. Usual occ	upation	Unemplo	yed	***************************************	Due to		
11. Industry of	r business						
12. Name		Stephen.	Planter		Other conditions Cor Pulmonale		
		?					Unknown
14. Maide 15. Birthp	n name	Ellen	?		(Include pregnancy within 3 m	ionths of death)	
TO	de se	2			Major fiedings of operations. Date of op. Autopsy vesolts. Substantiated Above PHYSICIAN: Please moderline the cause to which death should be charged statistically.		
16. Intermant.				et. Adm. Hosp.			
Address	Fort	Howard,					statisticalty.
IIBur	ial		Date There	3/27/48	22. VIOLENCE: If death was due to external caus		
Cemetery or crematory Baltimore National Cemetery			(month) (day) (year)	Accident, suicide, or homicide			
			onal Cemetery	Where did injury occur?(City or town)	(County)	(State)	
				injured at home, farm, industry, public place (whe			
18. Funeral director Charles R. Law					Msens of Injury	Injured at work?	
Address	802 Ma	dison Ar	re. Ra	Lto., Md.	of all		1700
2	2	118		To had	23. SIGNATURE.	/	
19. (Date rec'	d by registr	19 A 0	1	· W. Vedice	J. ALVAREZ, MA		or other

2411 N. Charles St., Baltimore

Reg. Dist. No.

6.3	2. 2	400	- 3	. 1
1.3	2		- 7	1
0	free	11	U	53

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County 12alleurare			
City or town	State Many land County Dalemore City or town Mobels Cliff was Town		
How long In above place of death?	City or town. Model. Clif Mass. Town. (If outside city of town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No		
	(If rursl, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
	o. (o) bottat beturity frambet		
Sister Mary Pauline Pohl 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Fernale White Single	20. DATE OF DEATH. Marsh 9 1948 21 1.20 P. M.		
	21. I CERTIFY that death occurred on the date above stated; that I attended discessed from		
B,(b) Name of husband or wife	Acc 17 1946 to mark 9 1948		
T. Birth date of	and that I last saw hear alive on An arria 8 19 48		
deceased (mo., day, yr.) Och 1, 1866			
8. AGE: Years Months Days It less than one day	Immediate cause of death		
8/ 5 8hrsmin.	May a cardial decorrepresention about 2 ye		
9. Birthplace Meelelin Gur a Germany (Town/county, and state)	Due to		
(Town/county, and state) /			
10. Usual occupation	Due to		
11. Industry or business			
	C. I . A .		
El .	Diher conditions arteria & derosia unhuma.		
	(Include pregnancy within 8 months of death)		
14. Maiden name Wilhelmins Guedler 15. Birthplace Germany			
e.	Major findings of operations.		
15. Birthplace Germany	Date of op.		
16. Informant S. Mary Clara	Antopsy results		
Address holes Cliff his	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
12 11/18	22. VIOLENCE: If death was due external causes, fill in the following;		
(Bural cremation, or removed, Which?) (Bural cremation, or removed, Which?) (gnonth) (day) / (year)	Accident, suicide, or homicide		
all Mal Col. 14	Where did Injury occur?		
Cemetery or cremator	(City or town) (County) (State)		
Location Lew Class	Injured at home, farm, Industry, public place (where?)		
18. Funeral director The Management of the State of the S	Means of Injury Injure at work?		
Address 811 // Wrlpe M	23. SIGNATURE THE COLUMN TO THE COLUMN TO THE COLUMN TH		
19. March 10 19. 48 Halle M. Haumen (Date rec'd by registrar)	Address Dave Signed M. D. or other Dave Signed M. D. or other		

RESERVED FOR BINDING MARGIN information carefully. The conformation carefully.

Supply every item of i

ADING NNK Physicians:

important.

PLAINLY, is especially

WRITE

PLEASE

RECEIVED

MAR 12 1948

BUREAU V. S.

A15 AS

MARYLANI	STATE	DEPARTMENT	OF	HEALT

CAUSE OF DENTH (SON) 2411 N. Charl	FE OF DEATH Control C
1. PLACE OF DEATH: County Baltimore City or town Fort Howard limits, write RURAL and give nearest town) How long in above place of death? 11 hrs. 40 minutes Hospital, institution, or street address where death occurred: Vets. Adm. Hospital, Ft. Howard, Maryland How long in hospital or institution? 11 hrs. 40 minutes 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	3. (b) Social Security Number
JOHN H. POWEII. 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE OF OBATH. March 26. 19.48 at 10:40
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 26 19.48 10. March 26 19.48 and that I last saw him alive on March 26 19.48 Immediate cause of death Awaits-Toxicologic-examination Barbiturate Poisoning
9. BirthplaceBaltimore, Maryland 10. Usual occupation	Due to
12. Name Charles Powell 13. Birthplace Virginia 14. Maiden name Jane Harrison 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations
Address Fort Howard, Maryland 17. Burial Date thereot 3/30/487 (Burial, cremation, or removal, Which?) Cemetery or crematory Baltimore National Cemetery Location Baltimore, Maryland 18. Funeral director. Howard Blight, Jr. Address 4914 Belair Rd., Baltimore, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19. 3/29 19 45 DW Hedical (Date rec's by registrar)	Address Dulle Laufe. V. Darts Eg orher

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

102535

Reg. Dist. No. 35

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Co	State Mary land county Baltimore
(If outside city or town limits, write RURAL and give hearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street No. hear Butlerin
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elenora Price	
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow.	20. DATE OF OFATH MAY C. J. 16, 1848, al ///35/2M
8.(b) Name of husband or wife Ca. co. rg e H. Pr. ce	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
0	10-17 18.40. 10 3-16 18.49
7. Birth dato of	and that I last saw hold alive on 3-14 1948
deceased (mo., day, yr.) January 1, 1867	Immediate cause of death
8. AGE: Years Months Days If less than one day	arterioscleratio E V. Dieg 8 yrs
79 2 /3min.	Infected Bed Sores 3 who
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Itousewite	Rualo
11. Industry or business Own home	DUG (V
12. Name Yasti	Other conditions Eliza Elistes contitio 8 yrs
13. Birthplace Un known	arthritia 8 mm
	(Include pregnancy within 3 months of death)
10	Major findings of operations.
≥ 15. Birthplace	Qate of op.
18. Informant 1 A. A. Carana and Con Talland	Antopsy results
Address Cockeysville Nid. k.D.	
17. Burial, cremation, or removal. Which?) Date thereof L. A. C. L. J.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Ch. ff P - t - c.	
Cemetery or crematory A. A. T. T. C.Y.S. L. C. YM. C. T.C.Y.	Where did injury occur?
Location Grenz Rock, York Ca. Fenna.	Injured at home, farm, industry, public place (where?)
18. Funeral director And Addition of the Addit	Means of Injury Injured at work?
Address Prew Areedon, La.	23. SIGNATURE D, D. Caples M. D.
Dear 18 1948 Chester of Freder	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Reisterstown, Date stened 3-17-48



MAR 2 1948

BUREAU V. 8

2411 N. Charles St., Battimore

02536

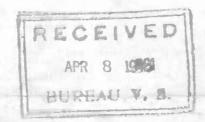
CERTIFICATE OF DEATH

Rev. Dist. No. 44

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOM) (For newborn infants give resider	E) OF DECEASED:
County Ballo:		
City or town	State	County
How long in above place of death?	City or town(If outside city or town	limits, write RURAL and give nearest town)
Hospital, institution, or street address priere death occurred:	Street No.	
R. R. packs B+O. 1/2 mile West		l, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
(Lames frice.		
4. Sex Solor or race 6.(a) Single, married, widowed, or divorced	MEDICA	L CERTIFICATION
male all		ma- 1- 160 536
111 W 67.	2D. OATE OF DEATH	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the d	ate above stated; that t attended deceased from
6.(c) If alive, give age	792F	19
7. Birth date of	and that I last saw halive on	19
deceased (mo., day, yr.) 8 A.C.F. Years Months Days tiless than one day	Immediate cause of death	OURATION
P. A. J. C.		0
libral 18	min. Composition	partice &
9. Birthplace	Due D	1 9 0
(Town, county, and state)	o austres of	oney sulf
10. Usual occupation.	Due to	
11. Industry or business		
当 12. Name	Dther conditions	
12. Name		
8	(Include pregnancy wit	thin 3 months of death)
H 14. Maiden name	Major findings of operations	
15. Birthplace		Date of op
16. Informant	Autopsy results	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Address	PHYSICIAN: Please underline the cause	e to which death should be charged statistically.
B. 2-4-4	22. VIOLENCE: If death was due to exter	rnal causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (mopth) (day) (year	Accident, swiside, er hamiside	ple of of
Cemetery or crematory Jefas Wilson's Hoves	Where did Injury occur?(City or t	town) (State)
Sector Con med	Injured at home farm /fidustry, public pla	No hand
Location	Means of Injury	Pracy Injured at work? 20.
18. Funeral director form	media of injury	
Address 4/18 & osterne Clast	Mil	mas - m
-4-108 St. S. Pomet	23. SIGNATURE	N.D. or other
19. (Date rec'd by registrat) Régi	strate Address Strate	Dete signed
(Date ree d by registrat)	Nulless	The second of the second

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 11 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: County Baltimore State Maryland County City or fown. Fort Howard. City or town Baltimore 428 utside city or town limits, write RURAL and give nearest town) on carefully How long in above place of death? 117 days. Hospital, institution, or street address where death occurred: Edgehill Ave. (If rural, give LOCATION) VAH Fort Howard, Maryland How long in hospital or institution? 117 days information of death clea 3. (a) FULL NAME 3. (b) Social Security Number 218-07-646 GEORGE B. ROBERTS 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Male White Single 20. DATE OF DEATH March 27 19 48 21 10:40 BM 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife Single December 1 1947 16 March 27 19 48 and that I last saw him __alive on __March 27 7. Birth date of deceased (mo., day, yr.) 10-7-1886 DURATION Immediate cause of death..... if less than one day 8. AGE: Unknown CARCINOMA OF ESOPHAGUS. 9. Birthplace ... Baltimore ... Mary land 10. Usual occupation. Watchman MARGIN 11. Industry or business 12. Name James Roberts 13. Birthplace Maryland (Include pregnancy within 3 months of death) 14. Maiden name 14. Malden name Ruth Airev Major fiedings of operations..... Maryland 16. Informant Clinical Records, Vets. Adm. Hospital PHYSICIAN: Please underline the caose to which death should be charged statistically. Address Fort Howard, Maryland 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide,..... Where did Injury occur?(City or town) Cemetery or crematory Woodlawn Cemetery 国 (County) WRIT Injured at home, farm, Industry, public place (where?) Location Baltimore, Maryland 18. Funeral director.....Burgee Funeral Home 0 Address 3631 Falls Rd., Baltimore, Nd. Address V.A.H. FORT HOWARD, MD. Date signed

BINDING

FOR

RESERVED

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02538

Rev. Dist. No. +4

1. PLACE OF DRATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give esidence of mother)
County Vatture	State Mary Land County Pattings -
(If outside city or town limits, write RURAL and give nearest town)	6 18 - 2 - 24 - 2 -
How long in above place of death?	(if outside lity or town Gnits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 106 Que aurue
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color de race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 Cal notdow	20, DATE OF DEATH MURCH 21 ST 19/8 21 5 A
8,6) Name of hosbard or wife Junes Colecto	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	Movember 19 63 10 March, 212 1948
7. Birth date of Joseph 1975	and that I last saw h. A. alive on March 20 th 1948
deceased (mo., day, yr.)	Immediate cause of death DURATION
70 G 16	Lobar (Musion 2 10 day
hrsmia.	
9. Birthplace	Due to Almplana & arterio Sallerono
ntologist &	1 8 ms,
10. Usual occupation.	Due to
11. Industry or business	
12. Name toterick Acot Carter	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Tydial Custin	Major findings of operations
2 15. Birthplace Vinginia	Date of op.
18, Informant Cathasiane tee	Antopsy results
Address 2212 Cuthaul Elgemen	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Vergon malalization	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cromation, or removal, Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Prince Edward Co. Va.	Injured at home, farm, industry, public place (where?)
Mr. Part a for sto del	Means of injury Injured at Work?
18. Funeral director	ma.
Address / 2-9 11. Carran	SIGNATURE FT Monas
19 5/22 19 4 4 1 NOVERS	During Sta mas M. D. or Wher
(Date reed by registrat) Registrat	Address Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1578

02539

CERTIFICAT	TE OF DEATH Reg. Diat. No. 38
1. PLACE OF DEATH: Conty	2. USUAL RESIDENCE (HOME) OF DECFASED: (Followhorn infilts give residence of mother): State
How long In hospital or Institution?	2 (a) If veteran, name war
Jesley Du Wayne Lo	3. (b) Social Security Number
4. Schoole 5. Coldypr race 8. (a. Single, married, winded, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19.48 at 2-4.18
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 5 while Polytrian Original Polytrian	and that I last saw h alive of 19 19 19 19 19 19 19 19 19 19 19 19 19
10. Usual occupation	Due to
11. Industry or business 12. Name	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Dw. W. ayng Parglys A	Antopsy results
Address 46 12 Callingle Fd. Paul 4 17. (Burial, cremation, or removal, Which?) Cemetery or crematon ACSAO BA MALLO MAL	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location & December 1981	Injured al home, farm, industry, public place (where?)
18. Funeral director Illegal Olar Illegal Estador Visa	Means of Injury RDD- R Minjured at work? DIAT
19. March 3 1948 Market May 10 19 19 19 19 19 19 19 19 19 19 19 19 19	Address True M. D. or other M. D. or other Date signed 3/4/48

APR 5 1948
BUREAU V. S.

A Committee of the second

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

560

02540

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH: County BAL +0	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State MD County BACTO.
(If outside city or town limits, worte RURAL and give negrest pown CD.	City or town. (If outside city or town limits, write RURAL and give nearest town)
Now long in above place of death?	
	Streel No. G CEDMR WOOD KD. (If runda give LOCATION)
How long in hospital or institution?	2.(a) i1 veteran, name war.
3. (a) FULL NAME JOSEPHINE	D. ROE 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W WIDOWED	20. DATE OF DEATH 3 /29 / 48 19 48 21/0.05 F.
6.(6) Name of husband or wife WALTER J. ROE 5R.	21. I CERTIFY that death occurred on the date above stated; that 1 attended deceased from
0.(0) Name of husband of wife.	Des. 7 1825 10 March 29 1948
7. Birth date of depasted (mg. day, yr.)	and that I last saw h. 22alive on Weere 29
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
81 7 22 hrs	
MD	Oue to Patragatio France defo 37.
9. Birthplace(Town, county, and state)	- Miller
10. Usual occupation. A for sewife	Due to
11. Industry or business	
12. Name. EDGAR PLUMMER 13. Birthplace MD.	Other conditions
	20.1. 0 Ab. of J. (b)
14. Maiden name ELIZABETH H. LAWSON 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations of the start from the
15. Birthplace MD.	Major hadiags of operations
16. Informant TR. Winfield D. ROE (SON)	Antopsy results
Address 6314 Mt. RIDGE	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D. 8.41 H 11/48	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, demation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crometers (LOOD LAW)	Where did injury occur? (City or town) (County) (State)
Location Butto Cg; MD.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Way J. TRIKNER & Sons	Means of Injury Injured at work?
D	m/ x 5// Sa
Address DALTO.	23. SIGNATURE AND OF THE MAN D. OF OTHER
19. (Date rec'd by registrar) 19. Registrar	Address Catous wille - 28, Med Date signed 15 - 30 - 48

PLAINLY, v

WRITE

PLEASE

VS A15

sorrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02541

Reg. Dist. No.

nearest town)

DURATION

ged statistically.

				——————————————————————————————————————
1. PLACE OF DEA	TH: ;imore		2. USUAL RESIDENCE (HOME) 0 (For newborn Infants give residence of	
	nsville	oits, write RURAL and give nearest town)	State	unty Baltimore
		oits, write RURAL and give nearest town)	City or fown Catonsville	s. write RURAL and give negrest town
Hospital, Institution, or s	treet address where d	eath occurred:	Street No. 40 Winters L	ane
		ane	(If rural, give	e LOCATION)
	Institution?		2.(a) If veteran, eame war	
3. (a) FULL NAME	Lev	ra V. Wilson Savory	7	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Female	Colored	Married	20. DATE OF DEATH March	215t 1948 1110
6 (b) Name of husband or	r wifo	***************************************	21. I CERTIFY that death occurred on the date eb	
		6.(c) If allve, give ageyears	12-31st 19	
7. Birth date of deceased (mo., day, yr.		7,1886	and that I last saw h. A falive on 3	= 2/st
8. AGE: Years	Months	Days If less than one day	lumediate cause of death	DU
61	11	hrsmin.	Rt Ham blog	ela 10
a Blathatan Ca	tonevill	e. Md.	Due 10	
s. Biringiace		ounty, and state)	2446 Ers Emsir	Cardiac
10. Usuat occupation	House	ewife	Due to Alex Ea	se y
11. Industry or business				
置 12. Name	llexander	Terrell	Dther conditions	***************************************
13. Birthplace	Md.		(Include pregnancy within 8	months of death)
14. Maiden name	Mary Do	orsey	Major findings of operations	
15. Birthplace	Md.		Major findings of operations	
	r/ Charle	s Vilson	Autopsy results	
	Winters		PHYSICIAN: Flease underline the cause to w	hich death should be charged statistical
			22. VIOLENCE: If death was due to external ca	uses, filt in the following;
(Burial, cremation,		Date thereof 3-24-48 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Arbutus	Mem. Park	Where did injury occur?(City or town)	(County) (State)
Location Ball	Ltimore (Co., Md.	Injured at home, farm, lodustry, public place (w	
18 Funeral directorMi	rs. Franc	es A. Hemsley	Means of Injury	Injured at work?
	78 W. Bi		PIM O	and make
Vadaleza 0	(-()	X Man las	23. SIGNATURE QJTUMLAY	M. D. or other
19. Date rec'd by regi	(strar) 19 (Registrar	Address Catourill	e M Date signed 3/2

WITH UNF

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1860-po 02542

CEPTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore Catonsville (If outside city or town limits, write RURAL and give nearest town)	state. Maryland county
How long in above place of death? 4 years, 1 month, 11 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Spring Grove State Hospital	Sireet No. 1311 Luzerne Avenue (Ifrural, give LOCATION)
How long in hospital or institution? 4years, 1. month, 11. days	2.(a) If veleran, name war.
3.(a) FULL NAME (Ellene) Laura Ellen Schilling	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white widowed	20. DATE OF DEATH March 11 19 18 21 4:25 a. N
6.(b) Name of husband or wife William Schilling	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of	
deceased (mo., day, yr.) February 3, 1863	and that I last saw h
8. AGE: Years Months Days If less than one day	
85 1 8hrsmin.	acute Cardiae facture
9. Birthplace	Due to.
10. Usual occupation None	and the same of th
11. Industry or business None	Due to. Fractive of the
12. Name Isaac Thompson Y 13. Birthplace Pennsyl vania	Diher conditions wight hup
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace Pennsylvania	Date of on.
16. Informant Hospital records	Autopsy results
Address Catonsville-28, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Burial Date thereof 3/13/48 (month) (dsy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide.
Cemetery or eremetery W. Carne &	Where did Injury occur? (City or town) (County (State)
Location Balto, Mel.	Injured of home, farm, industry, public place (where?)
18. Funeral director William Cook Juc.	Meghy of Injury Injured at work?
Address 1219 St. Paul J.	If Inkerther a
10 march 12. 48 Q. W Hedrest	23. SIGNATURE MM. D. OFFICE
(Date rec'd by registrar) Registrar	Address Date signed 3-11-1-8

2411 N. Charles St., Baltimore

02543

	_	
	, ,	1 -
	4	
	7~	

7.			CERTIFICA	TE OF DEATH	Reg. Dist. No.
How long in above place Hospital, Institution, or	iore itus	e leath occurred:	JRAL and give nearest town)	City or town. Arbutus (If outside city or town limit Street No. 5544 Selma Av	mother) Baltimore a. write RURAL and give nearest town) Coloration)
3. (a) FULL NAM		Sahl:	ickenmaier		3. (b) Social Security Number 212-05-4192
	5. Color or race		, married, widowed, or divorced		
4. Sex Male	White		rried	MEDICAL C	ERTIFICATION 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband 7. Birth date of deceased (mo., day,			nlickenmaier Hallve, glve age 63 38	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from
8. AGE: Years		Days	if less than one day	Immediate cause of death	DURATION
59	3 7	10	hrsm	n. ED	Lenson 300
1D. Usual occupation 11. Industry or busines 12. Name	Electr s Gas & E John Sch Baltim	ican lectr licke ore M	ic Company nmaier	Due to Diher conditions (Include pregnancy within 3	months of death)
14. Malden name	Anna Buc	kwald			
15. Birthplace	Baltim	ore,	vid.	Major findings of operations.	Date of op.
16. Informant Mrs	s. Etta S	Ave.	Arbutus, Md.	Autopsy results	hich death shoold be charged statistically.
17. Bull	rial	Date there	March 6, 19 (month) (day) (year) rk Cemetery	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of
	Rel+	imore		Injured at home, farm, industry, public place (v	
Location		*******************	ttle	Means of Injury	Injured at work?
Address	2700 Ed			23. SIGNATURE BBB	20096
19. 3/5 (Date rec'd by re	rgistrar) 19 X 8	A.	W. Hedres	Coho.	M. D. or opter

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The wasted is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

sorrect age

VS ATS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02544

R

			/
			14
eg.	Dist.	No.	47

1. PLACE OF DEATH: County ISALT O	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givs residence of mother)
ECGE VA	Stale MD. County BALTO
(If ontside city or town limits, write KUKAL and give nearest town)	FSSFX
How long in above place of death?	(11 outside city or town limits, write RURAL and give nasrest town)
	Sireet No. 7100 LASTERN AVE
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
EMMA E. SCHMIC	K.
4. Sex 5. Color or race 6.(a)Single, orarried, widowed, or divorced	MEDICAL CERTIFICATION
FEM WHITE SINGLE	20. DATE OF DEATH / MARCH 22 1948 21 415 PM
6.(b) Name of husband or wite	21. I CERILFY that death occurred on the date above stated: that I gitended deceased from
	Jel 20 1948 19 Amy 22 1848
7. Birth date of deceased (mo., day, yr.) Jun. 2 mu 1870	and that I last saw harmalive on
8. AGE: Years Months Days It less than one day	Immediats cause of death DURATION
78 2 20hrsmin.	Williamie Crelingersch
9. Birthplace Balts 2nd-	Due to Precion
(Town, county, and state)	
1D. Usual occupation.	Due to.
11. Industry or business	
12. Name 12. Name Self 191814.	Other conditions
13. Birtholace GERMAN.	(include pregnancy within 3 months of death)
14. Malden name	Major findings el operations.
2 15. Birthplace 7	Date of op.
16. Informani MRS HATTIE LNDRESS	Autopsy results
Address 7100 EASTERN AVE	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
8-2-1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or ramoval. Which) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Of Lucio Communication	Where did injury occur?
Location Usotattovalle mil	Injured al home, farm, industry, public place (where?)
18. Funeral director Mrs Ches a. G. Rohde	Means of injury Injured at work?
Address 3327 Edmondson ave	Me Del + ms
march 22 1/8 G 11 H.M.	23. SIGNATURE. M. D. or other
(Date rec'd by registrar) Registrar	Address 701 N. Kunson Role Rate claned 3/22/40

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

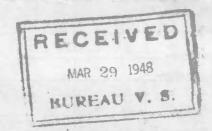
2411 N. Charlos St., Baltimore

930

02545

Cily or town(1i How long in above pla Hospital, institution,	BALTI	SVILI limita, write I death occurre	d:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. MARYLAND. County. BALTIMORE City or town. CATONSVILLE (If ontside city or town limits, write RURAL and give nea Street No. 10 DUTTON AVE. (If rural, give LOCATION) 2.(9) It veteran, name war.	rest town)
3. (a) FULL NAM	1E			3.(b) Social Security	
	MARY	K. S	CHNEPFE		
4. Sex FEMALE	5. Color or race WHIT		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MARCH 23, 1948	10:20P
	d or witeHENR		SCHNEPFE c) If alive, give age D_ayears	21. I CERTIFY that death occurred on the date above stated; that I attended deces	-23 19 48
7. Birth date of deceased (mo., day.	C TOTAL		1861	and that I last eaw he.C. allve on	
8. AGE: Yea		Days	It less than one day	Immediate cause of death	DURATION
86	5 6	10		Myocardelia	***************************************
9. Birihplace	HOUSE	county, and	MARYIAND	Due to Jerricas Quarras	
11. Industry or busine				9	***************************************
12. Name	ERNES GERMA		HORST	Other conditions	
14. Maiden name			IDELBACH	(Include pregnancy within 8 months of death) Major findings of operations.	
≥ 15. Birthplace	GERMA			Date of op.	
16. Informant		TTON	DA L. SCHNEPFE. AVE. CATONSVILI	Aatopsy results	
17	n, or removal, Which?		eof 126 MAR 48 (month) (day) (year) K CEMETERY	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	(State)
Location	BALTI	MORE	MARYL AND	Injured at home, farm, Industry, public place (where?)	
1B. Funerat director.	F.B.W	IPPER'	r & son	Mases of Injury Injured at work?	
Address	1300	EUTAW	PLACE17	Wannog Tol	
19. 3 - 2 (Date rec'd by r	6 1949 egistrar)	- 2	E. Harry Registrar	23. SIGNATURE M. D. C. Address 20 S. Des Jan St- Date signed	3/1/kin

Myo carditis.



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02546

			CLRTI	TICAI	E OF DEATH	Reg. Dist. No	
1. PLACE OF DEAT		ore			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
City or town(If out How long in above place of Hospital, institution, or st	death?	ville ays death occurred tate Ho	URAL and give nearest		State Maryland Coue City or town Baltimore (If outside city or town limits, Street No. 2922 Windso (If rurat, give I 2.(a) II veteran, name war	write RURAL and give no Avenue LOCATION)	earest town)
3. (a) FULL NAME	James	A. She	ridan			3. (b) Social Security	Number
male	S. Coior or race		e, married, widowed, or divo	rced	MEDICAL CE 20. DATE DF DEATH	RTIFICATION	
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)) If alive, give age74	years	21. I CERTIFY that death occurred on the date above	e stated; that I attended dec 48 to March 5 ch 5	1918 19148
8. AGE: Years	Months	Days 4	It less than one day	min.	Immediate cause of death		
9. Birthplace			nd tate)		Due to Coronary sclerosis		indefini
10. Usual occupation 11. Industry or business 日 12. Name					Due to Generalized arterio	osclerosis	N
12. Name	MARYL		ERIDAN		Other conditions		
	REBEC	c n	PARKS		(Include pregnancy within 8 mo		
16. Informant	922 11	IDA C	SHERII	<u></u>	Autopsy results	ch death should be charged	•••••
(Burial, cremation, o	WOOD	LAW 1	(monwi) (day)	(year)	Accident, suicide, or homicide	(County)	(State)
18. Funeral director		Tieti	VER 70	10	Msans of Injury Doctor 23. SIGNATURE ISAdore Tuerk,	M.D.	, or other
Date rec'd by regis	trar)	pc		Registrar	Address Catonsville-28, M	id. Date signed	3-5-48

The corre

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

N

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02547

	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
How long in above place of dealer. How long in above place of dealer. How long in above place of dealer. Hospital, Institution, or street appress where death occurred: How long in hospital or ignitution?	State
3. (a) FULL NAME George William	Stiflett. 3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced Studies Surgle	MEDICAL GERTIFICATION 20. DATE DF DEATH. 20. DATE DF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Month Days It less than one day hrs. min. 9. Birthplace (Town, county, and state)	and that I last saw h alive on 19. Immediate cause of death DURATION Due to School S
11. Industry or business 12. Name Downard Stuffelt. 13. Birthplace	Diher conditions
14. Malden name 15. Birthplace 16. Informant Supplies 17. Informant Supplies 18. Informant Supplie	Major findings of operations. Date of op. Autopsy results.
Address 2 9 3 8 6 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill*In the following: **Recident**, suicide, of humbride Where did injury occur? (City or town) (County) (State) Injured at home tarm, industry, public place (where?) Means of Injury 23. SIGNATURE Microport other
19. March 19. 19. 48 All Regissorar Regissorar	Address Address Date signed.



MAR 24 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

02548

CERTIFICA	FE OF DEATH Reg. Dist. No	₹
1. PLACE OF DEATH: County Baltimore City or town Tows on 1, Maryland (If outside city or fown timits write RENAL and give nearest town) How long in above place of death? June Horning ID, 1945 Hospital, institution, or street address where death occurred: Eudowood Sanatorium, Towson 1, Md. How long in hospital or institution? June Howard ID, 1445	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State	Rifg rest town)
3. (a) FULL NAME Prancis Siscesky	is cookey 3. (b) Social Security !	Number
4. Sex School Strate S. (a) Single, married, widowed, or divorce of Married, Married	MEDICAL CERTIFICATION 20. DATE OF DEATH MARCH. 28. 1945	at 9:50 p
6.(b) Name of husband or wife SALA SISLASHY 7. Birth date of deceased (mo day vi.) Octobro 21 1 900	21. I CERTIFY that death occurred on the date above stated: that I aftended deseated that I last saw h	ised from 25 1948 18.48
8. AGE: Years Months Days If less than one day	Immediate cause of death Rulmanay Inberculais Due to.	Juce Jan
10. Usual occupation. Cab. Driver. 11. Industry or business	Due to	
12. Name Mulgus Allasky 13. Birthplace Tyska	Dther conditions	
14. Maiden name Catherine Ashile 15. Birthplace Justia	Major findings of operations	
Addre Fudowood Sanatorium. Towson 4. Md.	Autopsy results	statistically.
17. Burial, cremation, or removal. Which?) Date thereof. Gull — 7.8. (Burial, cremation, or removal. Which?) Cemetery or crematory. Hely Redeemed Burials	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
Location Blain Pd 18. Funeral director to sept Casuakas One	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?	
Address 600 Washington Bld	23. SIGNATURE / A. Bridgeld M. D.	(
(Date rec'd by registrer) Registrar	Address Towson 4, Maryland Date signed 4	5-18-4

WYCH UNFADING INK. Supply every item of information carefully. The colimportant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

MARGIN RESERVED FOR BINDING







PLEASE

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH 931

2411 N. Charles St., Baltimore

0	0	Per	A	1	ì
1	K	0	4	4	ļ

Reg.	Diat.	No.

			CERTIFICA	IE OF DEATH	Reg. Diat. No	
1. PLACE OF DEA	TH:		W	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of the control o		
City or town(If o	Fort E	4 Days	RURAL and give nearest town)	State		
Hospital, instilution, or Vets. Adm. How long in hospital or	Hospital	, Ft. I	loward, Maryland			
3. (a) FULL NAME		OHN A.			3. (b) Social Security 1	Number
4. Sex	5. Color or race	6.(a)Singt	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White		Single	20. DATE OF DEATH March 27,		2:10 A
6,(b) Name of husband or wife Single 6.(c) If alive, give age years				21. I CERTIFY that death occurred on the date above stated; that t attended deceased from March 29. 19. 17. 10. March 27. 19. 18		
T. Birth date of deceased (mo., day, y	7-29-	93		and that t last saw h i.M. alive on Mar		
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death		DURATION
54		27		Cerebral Hemorrhage		1 Hr.
9. Birthplace Ok	lahoma (Town	, eounty, and	state)	Due to Hypertensive card disease		10 Yrs.
1D. Usual occupation 11. Industry or business				Due to		***************************************
13. Birthplace E	urope	h		Dither conditions Left hemipleg: (1) (Include pregnancy within 3 m		
	Elizabeth	В. ?		(Include pregnancy within 3 m		
≥ 15. Birthplace	urope	,			Dale of op	
16. Informant Clin	ical Reco Fort How		ts, Adm. Hospital	Autopsy resultsNo.ne		
17			(month) (day) (yesr)	22. VIOLENCE: it death was due to external cause Accident, suicide, or homicide	Date of	
Location	Baltimo	re, Mar	ryland	Where did injury occur?		
		llrich ore, Md		Manna of injury	tnjured at work?	
Address 3 2 D		a A	1) Herrel	23. SIGNATURE Q.W. ST. CLAIR,	M. D. M. D. o	r other
(Date rec'd by reg	istrar) 18.X	4	Registrar	Address V.A.H. FORT HOWAR	D. MD . Date signed	3-27-48

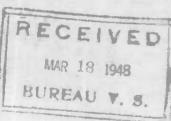
02550

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF D					L RESIDENCE	(HOME)	OF DECEASED	D;	
County Baltimore Reisterstown Route 2 (If outside city or town limits, write RURAL and give nearest town)					Maryla			altimo	ne
Cily or lown(I	Coutside city or town	limits, write F	RURAL and give nearest town)	000000					
How tong in above pla	ce ot death?	33 ye	ears	City or tow	(lf outside o			L and give ne	arest town)
Hospital, Institution, N 1 C	or street address where	e death occurred	isterstown	Street No		licodem	US KO		
	or institution?		,	2.(a) 1 vei	teran, name war		No	***************	
3. (a) FULL NAI			A				3. (b) Soc	cial Security	
			th Stambaugh					None)
4. Sex	5. Color or race	6.(a)Singi	le, married, widowed, or divorced	20. DATE 0	F DEATH	,	ERTIFICA 15	. /e	, who
6.(b) Name of husband or wife					IFY that death occur	rred on the date a	bove stated; that	l attended dece	eased from
7 Dieth data at		6.((c) tt alive, give age	years and that f i	ast saw h. L.K.	alive on L	st Re	ia di	lecce 18.
deceased (mo., da)	yr.) Ward	311 9 10	000	1	cause of death				
O. MUL.	Months	Days 6	Il less than one day	aute	nissele	ustic (2. V. Lle	elast	- 5 year
9. Birthplace									·
9. Birthplace	Woode (Town	nsbur n, county, and	g Balto Co Mé	Due to					
9. Birthplace	Woode (Town Hous	nsbur n, county, and		Due to					
9. Birthplace 10. Usual occupation 11. Industry or busin	Woode (Town Hous	nsbur n, county, and sehold	g Balto Co Mé state) duties	Due to	7 -		Pelas	mans/	10 Ema.
9. Birthplace 10. Usual occupation 11. Industry or busin	Woode (Town Hous	nsbur county, and sehold	g Balto Co Mé	Due to	Itions arta	lutis	7		10 yua -
9. Birthplace	Woode (Town Housess Harry S York Pa	nsbur county, and sehold	g Balto Co Mé state) duties	Due to Due to Other cond	itions. Cutta	Critis.	3 Months of deat		10 гупа:
9. Birthplace	Woode (Town House sss	ensbur, county, and sehold Stambar a paugh	g Balto Co Mé state) duties ugh	Due to Due to Other cond	(Include pre-	Cutie	3 Months of deat	h)	1.5 yna:
9. Birthplace 10. Usual occupation 11. Industry or busin 12. Name 13. Birthplace 14. Maiden nam 15. Birthplace	Woode (Town Housess Harry S York Ps Mary El	ensbur, and sehold stambers	g Balto Co Mé state) duties ugh	Due to Other condi	(Include pre-	Autie	3 months of deat	h) ate of op	10 x yua :
9. Birthplace	Woode (Town House House Syrk Pa Mary Et Dover E	ensbur, county, and sehold Stambar as salto Olietri	g Balto Co Mé state) duties ugh Co Md	Due to Due to Other cond	(Include pre-	Cutis	3 Months of deat	ate of op	
9. Birthplace	Woode House Harry S York Ps Mary Et Dover B Mrs J C I	ensburg county, and sehold Stambara saugh Balto Dietri ford A	g Balto Co Mé state) duties ugh Co Md ch ve Balto Md	Due to Due to Other cond Major fied Autopsy r PHYSICIA	(Include pre-	egnancy within	3 Months of deat	ate of oputd he charged	
9. Birthplace	Woode (Town Housess Harry S York Ps Mary Et Dover B Mrs J C I 2910 Hari rial	ensbur, and sehold stambar a salto solietri ford A Date there	Balto Co Mé state) duties ugh Co Md ch ve Balto Md reot Mar 17 194 (month) (day) (year	Due to Due to Other condi Major field Autopsy r PHYSICIA 22. VIOLE	(Include pre-	Cuttie	3 Months of deat	ate of oputd he charged	
9. Birthplace	Woode (Town House House Wary Ex Mary Ex Dover E Mrs J C I 2910 Hart rial on, or removal, Which	ensbur, and sehold stambar a salto solietri ford A Date there	g Balto Co Mé state) duties ugh Co Md ch ve Balto Md	Due to Other condi Major find Autopay r PHYSICIA 22. VIOLE Accident, s	(Include pre- lings of operations. N: Please underline ENCE: If death was	Guitas	3 Months of deat Da which death shot	th) ate of op utd he charged	
9. Birthplace	Woode (Town Housess Harry S York Ps Mary Et Dover E Mrs J C I 2910 Hart rial on, or removal Which story Dru	ensbur, and sehold stambar a salto solietri ford A Date there	Balto Co Me duties duties ugh Co Md ch ve Balto Md reot Mar 17 194 (month) (day) (year ge Cenetery	Due to Other condition Major find Antopsy rephysicia 22. VIOLE Accident, s Where did	(Include pro-	egnancy within the cause to the	Bawhich death shot causes, till in the (where?)	utd he charged following; Date of	statistically.
9. Birthplace	Woode (Town Housess Harry S York Ps Mary Et Dover E Mrs J C I 2910 Hart rial on, or removal Which story Dru	ensbur, and sehold stambar a salto solugh ford A solugh a salto so	g Balto Co Mé state) duties ugh Co Md ch ve Balto Md reot Mar 17 194 (month) (day) (year ge Cemetery e Md	Due to Other condition Major find Antopsy rephysicia 22. VIOLE Accident, s Where did	(Include pre- lings of operations. IN: Please underline ENCE: If death was suicide, or homicide Injury occur?	egnancy within the cause to the	Bawhich death shot causes, till in the (where?)	ate of oputd he charged following; Date ol	statistically.

MARGIN RESERVED



PLEASE'

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02551

OF DEATH

			CERTIFICAT	Reg. Diat. No	20		
1. PLACE OF DI				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Cat	onsville		URAL and give nearest town)	state Maryland County			
			URAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give	********************		
	or street address where						
Spring	Grove Stat	e Hospi	ital	Street No. 800 W. Baltimore Street (If rural, give LOCATION)			
		A	······································	2.(a) It veteran, name war	*************		
3. (a) FULL NAM	1E			3. (b) Social Securit	v Number		
	Frank	Stanf	FRANK STAP	F	,		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	1	Vidowed	20. DATE OF DEATH. March 20 19 48	at		
			Shawyears	21. I CERTIFY that death occurred on the date above stated; that I attended de March 16 19.48 10 March	20 19		
7. Birth date of deceased (mo., day,	63 A	ber 9,		and that I tast saw hiniaiive on			
8. AGE: Year		Days	It iess than one day	Immediate cause ol death			
69		11	hrsmin.	Bronchopneumonia	4 d		
9. BirthpiaceE	Baltimore,	Maryla	nd	Due to Hypertensive cardiovascular			
				disease			
 Usual occupation. Industry or busine 	PARER SS OWN BU			Due to Arteriosclerosis	ind		
		is St	pf	Other conditions	***************************************		
			Maryland				
	UnsalEmn			(Include pregnancy within 3 months of death)			
				Major findings of operations.			
E 15. Birthplace	Unk Ann	apolli	B Maryland	Date of op			
16. informant Ho	spital Rec	ords		Antopsy results not done			
	-			PHYSICIAN: Please underline the cause to which death should be charge	d statistically.		
	tonsville-			22. VIOLENCE: It death was due to external causes, till in the following:			
(Burial, cremation	rlal n. or removal. Which?	Date there	ot 23 March 48 (month) (day) (year)	Accident, suicide, or homicide	***************		
Cometery or cremat	Loudon	Park	Cemetery	Where did Injury occur?			
Location	partin	ore M	eryland	Injured at home, tarm, tedustry, public place (where?)			
18. Funeral director	F.B.WI	PPERT	& SON	Means of Injury Injured at work?			
Address	1300 E	CUTAW :	PLACE17	Isadore Tuerk, MD.			
19. 3-2	3-48 egistrar)		P. W. Tacker	M. D Address Catonsville-28. Md. Date stone	or other		
(Date rec'd hy re	egistrar)		Registrar	Address Catolisville-20 . No . Date signed	15-ZU:		

VK STAP	3. (b) Social Securit	y Number
or divorced	MEDICAL CERTIFICATION	
	20. DATE OF DEATH March 20 19 48	
years	21. I CERTIFY that death occurred on the date above stated; that I attended de March 16 19.48 to March and that I tast saw h IM alive on March 20	20 19 48
day	Immediate cause of death	
mln.	Bronchopneumonia	4 days
	Due to Hypertensive cardiovascular	
	disease	
	Due to Arteriosclerosis	
and	Other conditions	
	(Include pregnancy within 3 months of death)	
	Major findings of operations.	
and		
	Antopsy results not done	
	PHYSICIAN: Please underline the cause to which death should be charge	
. 110	22. VIOLENCE: It death was due to external causes, till in the following:	
day) (year)	Accident, suicide, or homicide	
Cy.	Where did Injury occur?(City or town) (County)	
J		(State)
	injured at home, tarm, industry, public place (where?)	
	Means of Injury Injured at work?	
7 7	00000	
17	Isadore Tuerk, MD.	or other
Registrar	Address Catonsville-28, Md. Date signed	

800	2411 N. Charle	es St., Baltimore 93
(g M	CERTIFICAT	TE OF DEATH Reg. Dist. No. 185
information carefully. The colu	1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RUD L and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 5.19 (If rural, give LOCATION)
ion	How long in hospital or institution?	2.(a) If veteran, name war
format death	Marion Gereniah St	3. (b) Social Security Number
DING em of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wale white widowed. 6.(b) Name of husband or wife 1 thank By Rtone (see)	MEDICAL CERTIFICATION 20. DATE OF DEATH
FOR	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It fees than one day	and that I last saw h mm altro on Manual 26 19.48. Immediate cause of depth and survey DURATION The same of depth and survey June 19.48.
A	9. Birthplace Province County and state 10. Usual occupation Province Co	Due to Arthur Filerotic Children January
MARGIN RESE UNFADING INK.	11. Industry or business 12. Hame 13. Birthplace 13. Birthplace 14. Birthplace 15. Birthplace 1	Dither conditions
WITH UNF.	14. Maiden name Many Ellen O'Bryan 15. Birthplace New Orleans	(Include pregnancy within 3 months of death) Major findings of operations
PLAINLY,	16. Interment John Rolden Ring Read Balo, 6 Mgs	Autopsy results
15. Pd	17. Bate thereof (Burial, cremation, or removal, Which?) Cemetery or crematory (Month) (day) (year)	Accident, suicide, or homicide
9.45.15 WRITE	Location J. Language Community of Community	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
VS A15	Man. 27 10 48 G. L. Leino W. D.	23. SIGNATURE M. D. Or other M. D. or other
M	(Date rec'd by registrar) Registrar	Address Salls 6 Mg Bate signed 3-26-98

RECEIVED

MAR 29 1948

BUREAU V. S.

PLEASE

VS A15

gge

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

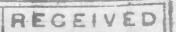
466

02553

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County. Ealtimore	State Md county Baltimore		
City or fowa Rural (If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death?	City or town		
Hospital, Institution, or street address where death occurred:	Street No. Johnny Cake Road		
	(If rurat, give LOCATION)		
How long to hospital or institution?	2.(a) If veteran, namo war		
3. (a) FULL NAME	3. (b) Social Security Number		
Charles B. Streaker			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W Widower	20, DATE OF DEATH 19.412 at 10.12 \$		
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
8.(b) Name of husband or wife Sarah Walker Streaker	mol 6 19 48 10 Juel 8 19 48		
	and that I last saw handlive on the last saw handlive on 19		
7. Birth date of decoased (mo., day, yr.) July 21.1877	immediate cause of death DURATION		
8. AGE: Years Months Days If loss than one day	1 1 A A		
70 7 17hrsmin.	Pe- 30		
9. Birthplace Alberton 1/d (Town, county, and state)	Due to		
	R St.		
10. Usual occupation. Farmer	Due to		
11. Industry or business	and the day of the same of the		
12. Name John W. Streaker	Dthor conditions		
13. Birthplace	and conflored:		
	(Include pregnaycy within 8 months of death)		
14. Malden name Julia A. Gosnell 15. Birthplace Md	Major findings of operatious		
≥ 15. Birthplace Md	Date of op.		
18. Informant Mrs. David Kalb	Autopsy results		
	PHYSICIAN: Please nnderline the cause to which death should be charged statistically.		
Address Ellicott City, Md	22. VIOLENCE: If death was due to external causes, filt in the following;		
17. Burial Date thereof 3.11.48 (month) (day) (year)	Accident, suicide, or homtoide		
(Billian, Cremanon, or removan vincen)	Where did injury occur?		
Cemetory or crematory			
Location Ellicott City, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral directorF.C. Higinbothom	Meens of Injury tajured at work?		
Address Ellicott City, Md.	DC Samuel		
1 015 11	23. SIGNATURE M. D. or other		
19. March 1/ 1948 A Harry (Date rec'd by registrar) Registrar	Address 4309 Jeliety 17 Dato signed Le R. 9.		



MAR 16 1948

BUREAU V. S.

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charl	EPARTMENT OF HEALTH les St., Baltimore CE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Mina alma Se	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Tem. Mull. Marryet	MEDICAL CERTIFICATION 2D. DATE DF DEATH
6.(b) Name of husband or Ne	1910
9. Birthplace	Due to. Alahele: lake
12. Name Harry Morrison 11. Name Ballinge Ind	Diher condillons
14. Maiden nam Mary Coal 15. Birthplace 15. Birthplace 17. Mary Coal 18. Maiden nam Mary Coal 18. Maiden nam Mary Coal 19. Mar	(Include pregnancy within 3 months of death) Major findings ol operations
15. Birthpiace Palling Mg. ADELE A. HILL	Antopsy results
Address 3 4 25 TIEDMONT AND 12 48 17. BURIAL (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or cremetery 0.00 LAW N	Where did Injury occur? (City or town) (County) (State) Injured al home, farm, Industry, public place (where?)
Location DA TTOTATER & SIMS INC	Means of Injury Injured at work?
Address BALTIONER MD	23. SIGNATURE (Moleannie, M. D.
19	Address Addres

2411 N. Charles St., Baltimore

02555

	age
	rrect
M) og pu

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING

(WATH WNF important.
9-45-15M	WRITE PLAINLY, is especially
VS Alb	PLEASE

	CERTIFICAT	E OF DEATH Reg. Diat. No. 44		
City or town		Street No. Todd & Bayside Aves. (If rural, give LOCATION) 2.(a) 11 veteran, name war. 3. (b) Social Security Number		
4. Sex 5. Color or race	av Estelle Sturgis 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F W	M	20, DATE OF DEATH March 24 1948 at 11		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 64 8 9. Birthplace Baltimore (Town, c) 10. Usual occupation house 11. Industry or business 12. Name Hall Tyson 13. Birthplace Baltimore 14. Maiden name Lillian 15. Birthplace Baltimore 15. Birthplace Baltimore Bal	wife ore Md. Ganant	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from In and that I last saw below alive on In and 2 3 - 19.5 Immedia: The of death of Comboling DURATI Due to Cohrone Myocas death of Comboling The original of the conditions. Due to Cohrone Myocas death of Comboling The		
16. Informant Husband Address Todd & Bays	ide Aves	Autopsy results		
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Balti:	Date thereof 3/27/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location North Ave &		Injured at home, farm, Industry, public place (where?)		
18. Funeral director		Means of Injury Injured at work? 23. SIGNATURE Daven Lo. Harber		
19. Man 25-19.48 (Date rec'd by registrar)	Dawson J. Hasber Registrar	Address Jarmin Point, M. D. or of 2/2 6.		

Dr. Forler 914 D. H.



MAR 29 1948 BUREAU V. S.

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

02556

	Reg. Dist. No.
1. PLACE OF DE TH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn infants give residence of mother) State County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOGATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Martin Lette	3. (b) Social Security Number (Sutte)
9. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
6.(6) Name of husband or wife	21. I CERTIFY that death occur d on the date above stated: that I attended deceased from 19
8. AGE: Years Months Days tf less than one day 66 9 19	English reck : cruched that 3/4/4
9. BirthplaceLatvia (Town, county, and state) 1D. Usual occupation	Due to Anident Standing out 3/4/4
13. Birthplace Unknown	Other conditions
14. Maiden name Anna Strauss 15. Birthplace Unknown	Major findings of aperations
16 Informant Mrs. Anna Zemel Address Pipersville, Pa.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. burial Date thereof Mar. 8, 1918 (Burial, cremation, or removal, Which?) Cemetery or crematory Durham Luth, Cemetery	22. VIOLENCE: If death was due to external cluses, it in the following: A cident, suicide, or homicide
Location Durham, Pag. 18. Funeral director Largalus Funeral Have	thjured at home, farm, Industry, public place (where?)
Address 7401 Belair Road 3. 48 0000	23 SIGNATURE Address True M. D. or other

PLEASE, WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

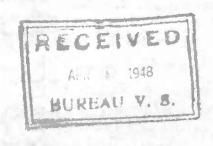
95C

02557

CERTIFICATE OF DEATH

g. Diat. No. 44

		CERTIFICA	IL OF DEATH	Reg. Diat. No		
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	hesis	
City or town(If	Fort Howar	cd nits, write RURAL and give nearest town) Days	State Maryland Countries City or town Cambridge (If outside city or town limits,	.,		
Hospital, Institution, or Vets. Adm	r street address where d	eath occurred: , Ft. Howard, Maryland Days	Street No. 310 West End (If rural, give) 2.(a) It veteran, name war. WW-II	LOCATION)	***************************************	
3. (a) FULL NAM				3. (b) Social Security	Number	
	H	ARLEY A. TALL		Unknown		
4. Sei	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White	Married	20. DATE OF DEATH March 30,			
6.(b) Name of hysband	/br/wite Syl	via Tall S.(e) It allve, give age 27 years	21. I CERTIFY that death occurred on the date abov March 21., 19. L and that I last saw h. I.M. alive on March	18 10 March 30	1948	
deceased (mo., day,	yr.) Jan.	25, 1901	Immediate cause of death			
8. AGE: Years		Days If less than one day 5min.	Cardiac decompensat	ion	3 Yrs.	
		Maryland county, and state) ver	Due to	S	3 Yrs.	
至 12. Name I		l	Other conditions Pulmonary Info	ation	10 days 2 wks.	
14. Maiden name.		chett	(Include pregnancy within 3 m			
16. Intermant Cli		rds, Vets. Adm. Hosp.	Antopsy results. No Autopsy PHYSICIAN: Please underline the cause to whi			
Removal	n, or removal. Which?)	Date thereot 3-30-48 (month) (day) (yenr)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Date of		
		Funeral Home	Where did injury occur?			
LocationCar	division Md.	Blight &				
	dridge Md. Howard N. E		Means of Injury	Injured at work?		
Rusicas		l., Balto., Md.	23. SIGNATURE Robert Sis	M. D. c	or other	
19. Merch	egistrar)	John & lornelle Registrar	Address V.A.H. FT. HOWAR	D. MD. Date signed 3	-30-48	



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

02558

CERTIFICATE OF DEATH

CERTIFICA	AIE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Ma County Balls
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 4409 (If rural/give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed of divorced widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH Max / 19 48 21 2 5
6, (b) Name of husband or wife William Taylon 5. (c) tf alive, give age yes 7. Birth date of deceased (mo., day, yr.) Left 7 1862	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
8. AGE: Years Months Days It less than one day 22	Immediate cause of death
8. Birthplace Pywn, county, and state) 10. Usual occupation.	Due to
11. Industry or business 12. Name	Other conditions
14. Maiden name Dong Know	(Include pregnancy within 3 months of death) Major findings of operations.
18. Interment John & Taylor	Autopsy results
Address 17. Burial, cremation, or removal. Which?) Date thereof. month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. Codac 14-66	Where did injury occur?
18. Funeral director Welling Funned Home Address 2008 Orleans St	Mesons of Injury Injured at work?
19. 3/3 (Date red d by registrar) 19. W. Hodrud Registrar	23. SIGNATURE. M. D. or other Address. 4209 William's au Date signed 3/2/4

MARGIN RESERVED FOR BINDING

WRITE PLEASE. S

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	Reg. Dist. No
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Howardville (If outside city or town limits, write RURAL and give ne	State Md. County Baltimore
Now long in ebove place of death?	
8 Walnut Ave.	Street No. 8 Walnut Ave. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Joseph Samue	1 Taylor 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or	r divorced MEDICAL CERTIFICATION
Male Colored Widower	20. DATE DF DEATH March 31, 1948 at 11:45
6.(b) Name of husband or wife	746 196 1 3-3/ 104
7. Birth date of deceased (mo., day, yr.) April 13, 1864	and that I last saw h 2.433 alive on 3 - 25 - 19 48
8. AGE: Years Montha Days If less than one d	min. Acota Granza Pilatotai
9. Birthplace. Valley Lee, St. Marys C. (Town, county, and atate) 10. Usual occupation	O Md. Due to Myseg dile
質 12. Name Peter Taylor	Other conditions
13. Birthplace Md.	(Include pregnancy within 3 months of death)
14. Malden name. Ellen Robinson Md.	(Include pregnancy within 3 months of death) Major findings af operations.
2 15. Birthplace Md.	Date of op.
16. Informant Mr. Leroy Taylor	Antopsy results.
Address 2010 Druid Hill Ave.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?)	
Cemetery or crematory St. Thomas Cemete:	(Coly of Bully (Column)
Location Baltimore Co., Md. (Randal	1
18. Funeral director Mrs. Frances A. Hems	ley Injured at work?
Address 578 W. Riddle St.	1 Signature Statles to b
19. 4/2- 19 XF A.W. /X	educh = 123 & 1/400 M. D. or other

information carefully 1 ne of death clearly and legibly. BINDING MARGIN RESERVED FOR

WRITE

PLEASE

A15 S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02560

/				Reg. Dist. 140	
	altimore		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	nother)	
How long in above place		mits, write RURAL and give nearest town)	State Md. County		
How long in hospital (or institution?		(If rurul, give I	LOCATION)	
3. (a) FULL NAM				1 2 (2) 6 : 16 : 2	N 1
3. (a) FULL NAM		rt Thompson, Sr.	3. (b) Social Security Num 216-09-5727		
4. Ser male	5. Color or race	6.(a)Single, married, widowed, or divorced married	MEDICAL CE	RTIFICATION	1:30 A.
6.(b) Name of hasband		Manning Thompson	21. I CERTIFY that death opcurred on the date abov	e stated; that I attended decea	ch 19.48
7. Birih date ot deceased (mo., day.	y.) Februar	y 8, 1885	and that I last saw h mailive on 2.	Tailure	DURATION
8. AGE: Year	rs Months	Days If less than one day 14			••••••
10. Usual occupation		rator	Due to Heart Aug	2018	2 483
		ompson	Other conditions Left hem	plegia	
	Scotla Unkno		(Include pregnancy within 3 m	nonths of death)	
14. Maiden name	11		Major findings of operations		1
16. Informant The	omas Thomps 2 F. St., S	on - son parrows Point, Md.	Autopsy results PHYSICIAN: Please underline the cause to whi		
Burial, crematio	ial	3/25/48	22. VIOLENCE: It death was due to external caus Accident, suicide, or homicide	Date of	
		ve., Baltimore, Md.	(City or town) Injured at home, farm, Industry, public place (who		
LUCATION		Funeral Home, Inc.	Means of injury	injured at work?	
		dison Street	23 SIGNATURE To blacker	# Morre	son
193	2 / 19 /	8 a. W. Hedus Registrar	Address 2534 Yorku	M. D. e	2 > Man . 4

WRITE

PLEASE

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8000

02561

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF D			2. USUAL RESIDENCE (HOME) O	F DECEASED:			
			(For newborn infunts give residence of mother) Size				
City or town	outside city or town li	mits, write RURAL and give nearest town)	9 7	unty : Lace	norea		
		6 mos. 1 day	City or town (If ownide city or town limit	s, write RURAL and give nea	rest town)		
	r street address where		Street No. ? Satyr Hi	el Road R.	7.0.6		
		ospital	(If rural, give LOCATION) 2.(a) If veteren, name wer				
		s. 6 mos. 1 day					
3. (a) FULL NAM	IE			3. (b) Social Security	Number		
TICE,							
4. Sex	5. Color or rece	B.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION			
Male	White	Married	20. DATE OF DEATH March 2	19. 48	a1.9:30 a		
5.(b) Name of husben	or wife Ada T	ise	21. I CERTIFY that deeth occurred on the dete ebo				
			August 30	38 10 March 2	19.48		
7. Birth date of			end thef I leet eew him alive on March 2 19.48				
8. AGE: Year	yr.) May 27,	Days If less then one dey	Immediate cause of death				
o. non.		200	Hemorrhage of bowels				
68	9	4	UIG Telt hemiplegiaI mo.				
9. BirthplaceP.	nnsylvania (Town,	? county, und state)	Due to Cerebral hemorrhage, old. indef				
			W-4-	***************************************	******************		
11. Industry or busine	se Farming.	2 1	Due to	***************************************	***************************************		
12. Name	eorge W. Ti	Qe	· Other conditions				
13. Birthpiace	Pennsylvani	. ?					
Halden seems	Catherine	Miller	(Include pregnancy within 8 r				
14. Maiden neme 15. Birthptace	TT 1-		Majur findings of operations				
≥ 1 15. Birthptace	Unk.						
16. Informant	ospital rec	orda	Autupsy results. Not done a PHYSICIAN: Please underline the cause to wi	the death death to stored	and all all and		
Address Co	atonsville-	28, Maryland			statisucany.		
11 Bessi	n, or anovai, Which?)	Deta thereof 3 5 4 9	22. VIOLENCE: If deeth was due to externel ceu				
	-7	// /	Accident, suicide, or homicide				
Cemetery or cremat	Janus	yaas	Where did injury occur?(City or town)	(County)	(State)		
Locetie MC	Count	elestero pa	Injured at home, ferm, Industry, public place (wi	here?)			
		1 mar fri - 1. la	Meene of injury	Injured at work?			
18. Funeral direct		· complete and	Devolue 3	, A. p. sheer			
Address	asous	rule mg	23. SIGNATURE Isadore Tuerk,	M. D.			
10 March	3 1948	VE. Harry					
(Date rec'd by r	egistrur)	Registrur	Address Catonsville-28, Ma	ary Land Dete signed	3-2-48		

MAR 4 1948
BUREAU V. S.

WRITE

EASI

A15

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore CEDTICICATE OF DEATH



		ı	1	1			١	/	1	,		
		Ì	į	7	7	1		•		,		
0	0	٠,	۴	٠		0	0	0	0		۰	9

	4		CERTIFICA	TE OF DEATH	Reg. Dist. No			
1. PLACE OF DE	ore			2. USUAL RESIDENCE (HOME) (For newborn infants give residence o				
City or town Fort	Howard	nita, write RU	RAL and give nearest town)	State Maryland c				
How long in above place	of death? 117	days		City or town Baltimore (If outside city or town limit	ita, write RURAL and give near	rest town)		
Hospital, institution, or	street address where d	leath occurred:		Street No. 1811 Aisquith S	t.	••••••		
			spital	(If rural, give LOCATION)				
		uays	· · · · · · · · · · · · · · · · · · ·	2.(a) If veteran, name war				
3. (a) FULL NAM					3. (b) Social Security 1	Number		
	RALPH C. T							
4. Sex	5. Color or race		married, widowed, or divorced		CERTIFICATION			
Male	White	Mar	ried	20. DATE OF DEATH March 15	19. 48	1.9:35 P		
6.(b) Name of husband	or wife Lilli:	an Tima	nus	21. I CERTIFY that death occurred on the date a	bove stated; that I aftended decea	aed from		
			If allve, give age	October 20	47 to March 15	1948		
7. Birth date of				and that I last saw himalive onMax	ch 15	1948		
deceased (mo., day,) 8. AGE: Years		Days	If less than one day	Immediate vause of death ADENOCAF	CTIVOMA OF LIVE	6 mos.		
53	0	25	hrsmin.			Plus		
9. BirtholaceBa	ltimore, M	anyland		Oue 10		******************		
					***************************************	***************************************		
10. Usual occupation	Machinis:	t		Due to.		***************************************		
11. Industry or busines								
12. Name	William Ti Maryland	manus		Other conditions Multiple Poly	_	Unknow		
E Malda	Clara Mart	in		(Include pregnancy within				
14. Maiden name.	Maryland	*************************		Major findings of operations				
	micol Dece	- TF-	A- AJ. W	No Autonom				
	t Howard,		ts. Adm. Hesp.	Antopsy results. No Autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically.				
17 Burial	, or removal. Which?)	Date thereo	Frank 18 1998 (month) (day) (year)	22. VIOLENCE: If death was due to external c				
			etery (day) (year)	Where did injury occur?(City or town				
			oreMd	Injured at home farm, Industry, public place (
			irectors	Means of Injury	tnjured at work?			
			Balto. Md.	(Xicha	I fand	mil		
3/17	1 XP	A	W Leduck	23. SIGNATURE RICHARD LAND V.A.H. Ft. Howar	d, Md. Date signed	3-15-18		
(Date rec'd by re	gistrar)	9	Registrar	Address	Date signed	· · · · · · · · · · · · · · · · · · ·		

. The same and a second of the same The tar a partial for the later of the later

VS A15

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

175d MReg. Dist. No. 34

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (Food whoru infants give residence of mother) State
3-(a) FULL NAME	
Jua Lee Joyla	3. (b) Social Security Number
4. Sery 5. Color or take 6.(a) Single married, widowed, or divorced	20. DATE OF DEATH SUCH 18 48 2 5 P
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of (1) 19 19 19 19	and that I Wat saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
3 /8 min.	Vaidle Jim
12 17.400 17.	The second second
9. Birthplace(Town, county, and state)	Annua tham
10. Usuat occupation	Cue to.
11, Industry or business	
12. Name Joula 13. Birthplace By Stund	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Josephine Steebbard 15. Birthplace Baltman	
15. Birthplace And Itunal	Major findings of operations.
Milana Garla	
16. Informant	Autopsy results
Address 6 My Swam for Michael	22. VIOLENCE: It death was plue to external cayses, till in the tollowing: 3/18/
17. (Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?)	Accident, suicide, or homighed seculeur pole of
Cemetery or crematory.	Where did injury occurr retors Orella - Dut My
Cometery or crematory.	(City or town) (County) (State)
Location	the dela mornalus
18. Funeral director name to vacuation	Means Afficient The Control of the C
Address 900 y. Chester of	1 /1/2 Davis mr.
3/19 48 Du Hedre	23. SIGNATURE THIS Zecur- Bay + 1. De oriet
(Date rec'd by registrar) Registrar	Address Date signed District S

PLEASE WRITE PLAINLY

e correct age

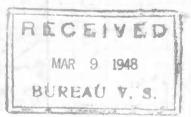
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02561 Reg. Diat. No. 34

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County County	State / Adult Class County Ballo		
(if outside city or town limits, write RURAL and give nearest town)	1 de la lacest - (Reseal)		
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death of curred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME Richard W. P. Trace	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m w m.	20. DATE OF DEATH MALELL 6 19 48 at 11:45a		
Blunch & Culleson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6,(6) Name of huchand or wite land comments of the comments of	July 19 43, 60 2000 Cla 6 1940		
7. Birth date of 9 - 186. (c) If alive, give age 28 year	and that less saw harmalive on morely 3 194		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Carpory Or terry		
82 4 2/min.	* Nicerral		
9. Sirthplace	. Due to		
/ Le Le			
1D. Usual occupation	Due to		
11. Industry or husloess	0020		
E 12. Name 1 12. Name 1	Diber conditions 54N		
2 13. Birthplace Macuellud	(Include pregnancy within 8 months of death)		
14. Maiden name Many a Price 15. 8irthplace Maylund	Major findings of operations. Ca in ModTall		
\$ 15. Birthplace may leud	Decey Date of op. 1943		
16 Informant Mrs R P Tracky	. Autopsy results.		
Address Uphercy And	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
D. 100 man 9/194	22. VIOLENCE: It death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory June Methodist	Where did injury occur?		
Location Balts as - md.	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director, Sdw Offiction	Means of Injury Injured at work?		
Address Hampstelet md	many c @ Party Link		
9-1-1 1 (84 000)	23. SIGNATURE . M. D. GLOTHER		
(Date rec'd by registrar)	Address tempo teny on Date signed 12-6-4		





VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

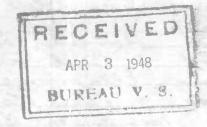
83a

02566

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Description C.O (Hereford)	State Manhand County Ballings
City or town	1 2. O.t. (P)
How long in above place of death?	(If outside city or town limits, write NURAL and give nearest town)
	Sireet No. (If rural, give LOCATION)
tiow long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Jacob Mentgomer	y Vance 3. (b) Social Security Number
4. Sex 5. Color of face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W manuel	20. DATE DE DEATH MICH 25 1948 at 2 A. W
6.(b) Name of husband or wife Katherine E/nee Rical	21. I CERTIFT that death occurred on the date above stated; that I attended deceased from
B.(c) II alive, give age 7.3 year	3/15-1944,10 3/24 19.48
7. Sirth date of	and that I last saw h. 2000. alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days It tess than one day	= Immediate cause at death DURATION
75- 5- 23nin	Carebral Neworkage 1/100
9. Birthplace Balto G. ml.	Due to. arterio relevoso
(Town, county, and fate)	, Due 10
10. Usual occupation	Due to.
11. Industry or business	
12. Name / Carel Vane!	Dither conditions Second attack - 4450
	(Include pregnancy within 8 months of death)
14. Malden name	Major findings el eperations.
15. Birthplace Belto . Co. Ned.	Date of op.
18. Informant Janes J. Janes Yanes	
Address membeta md.	PHYSICIAN: Please underline the cause te which death should be charged statistically.
. Beneal 22 160	22. VIOLENCE: ti death was due to external causes, fill in the tollowing:
(Bursal, cremation, or removal, which) (month) (day) (year)	Account and a second se
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Hereford Ballo a m.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Spouls, and.	22 SIGNATURE Wilmer To. Ours M.D.
1. Mar. 28 1.48 mrs Howard S. Mark	M. D. or other
(Date rec'd by registrar) Registrar	Address Cuckey Stille Mid - Date signed 3/28/48



PUBASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02567

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Malling of the	Man -1 B-DT
City or town	State County County
How long In above place of death? 23	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 5559
35-5-9 Selma ave	(III III III III III III III III III II
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Thomas Vans	sant some
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white warmed	20. DATE OF DEATH. 19 19 19 19 19 19 19 19 19 19 19 19 19
Maria Maria	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of trusband or wife.	Sept 1947, 10 And 1419 48
7. Birth date of	and that I last soft h. Annualive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Mayorand La
79 6 8min.	of some of the same
9. Birthplace Mown, county, and state)	Due to.
18. Usual occupation. Baggage wester	len alat
1 2 2 1 2 2 2	Due to
The industry of durantees	16-100 7-0 5-00
12. Hame 13. Birthdace	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
15. Birthplace	Date of op.
16. Informant All Sand J. Nausant	Actopsy results.
1 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3 9 4 8 Zelma grac Hall to 8 12	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, granation, ex-removed, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Remanation	Where did Injury occur? (City or town) (County) (State)
Cemetery or exemplesy	
Location Vikming on 22	injured at home, farm, industry, public place (where?)
18. Funeral director. Nalliam Cook Juc.	Means of Injury Injured at work?
Address 1217 St. Paul St.	11/1/12 - 0-d
-111- 14 / 12 11 11 11	23. SIGNATURE M. D. or other
19. (Date rec'll by registrar) (Date rec'll by registrar)	Address Slar 3 Date signed 3/15/66

ECORD. Every item of infor-PHYSICIANS should state Exact statement PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

WRITE

V. S. No.

TION is very important. See instructions on back of certificate.

of OCCUPA-

1 01 105 0	,	JF MAR	YLAND-	CERTIFICATE	OF DEATH	025	68
1. PLACE O	Baltan	ne			Registration Dist. No	44	7
Village or (mess	Qf	ND. death occurred in a hospital or inst		St.,	Ward
Length of res	sidence in city or town where	death occurred		ds. How long in U.S.i			
2. FULL NA	ME Leon	adar	n Wa	neawich			
(a) Resider	nce: ND. 6 9 7	Vise al	of abode)	St., Ward.	If nonresident give city	or town and	State
PERSON	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL	CERTIFICATE OF	DEATH	
3. SEX	4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, CD (write tha word)	21. DATE OF DEATH	(Month) (6	7 ay)	193/8 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maril Snabelska		- 11	BY CERTIFY. Tha	t I attanded d	daceased from		
6. DATE OF BIRTH	(month, day, and year)	Jan 7.	1913	I last saw h Lm aliva on_	2,010	. 19.4/8	death is said
	Months 2	Days / O	If LESS than I day,hrs. ormin.	to have occurred on the date st Tha PRINCIPAL CAUSE OF DE wera as follows:	1110		Date of onset
8. Trade, profa kind of SAWYER	assion, or particular work done, as SPINNER, R, BDOKKEEPER, etc			Pulmon	ary Tubescen	lors.	3 72
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data decased last worked at this occupation (month and			V				
10. Data decaasad last worked at this occupation (month and yaar)		Dther Coatributory Causes of in	mportance:				
12. BIRTHPLACE (city or town) (State or country)							
13. NAME	asmir Na	ncow	icy				
13. NAME Casmir Mancourcy 14. BIRTHPLACE (city or town) Poland (Stete or country)		Nama of oparation	/	Date of	utopsy?		
15. MAIDEN NAME Pauline 3		23. If death was dua to external	causes (VIOLENCE) fill in also	tha following	:		
15. MAIDEN NAME Fauline ? 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT MAS Maine Snahelska (Address) 69 Wise ave. 18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosany Data 3 - 20, 1948		Accidant, sulcide, or homicide? Where did injury occur?	Date of i				
		Specify whather Injury occurra	(Specify city or town, co d in INDUSTRY, in HOME, or I	n PUBLIC PLA	CE.		
		Manner of Injury					
19. UNDERTAKER (Address)	John g. 9	mulli	Cy Ebsex, Md	24. Was disease or injury In an		decaasad?	
20. FILED. 3.	18,1948	John J.	Connelly. Registrat.	(Signad) (Address)	Jundalk,	mod	M. C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. I'ind out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NAR 19	1			
The state of the s	1		•	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	·			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLAINLY, v is especially

PLEASE WRITE

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02569

CERTIFICATE OF DEATH

Burg. Diat. No. 32

/						
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
County Baltimore		State Maryland County				
City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town)						
				City or town Baltimore C (If outside city or town lim	its, write RURAL and give ne	arest town)
Hospital, Institution, or	street address where	death occurred	mo.,4 days. Mt.Wilson	Street No. 3.504 Fairview	Avenue	
			rium	(If rural, gi	ve LOCATION)	
How long in hospital or	institution?Qy.]	cs.,l	mo., 4 days	2.(a) If veteran, name war	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. (a) FULL NAM	D:	r. Fre	ederick C. Warr	ing, Sr.	3. (b) Social Security 705-10-4	Number 544
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced		CERTIFICATION	
Male	White		Married	20. DATE OF DEATH March 4.	1948	Noon
S (b) Name of husband	or wife Blanc	che R	Warring	21. I CERTIFY that death occurred on the date a		
			e) If alive, give ageyears	Jan. 29,		
T Blath date of	Septem			and that I last saw h. i.malive onMa		
deceased (mo., day.) 8. AGE: Years		Days	If less than one day	Immediate cause of death		
6. AGE:		.3	hrs min.	Pulmonary Tube	rculosis	3 mos.
9. Birthplace Middle town, New York (Town, county, and state)		Due to Tubercle Bacil	li	*		
			***************************************		***************************************	**
11. Industry or busines	ACT NO.			Due to	***************************************	***************************************
		Wanni	200	Other conditions Senile Dem	entia	
Lewis S. Warring 13. Birthplace Monticello, New York			W York			•
			W LOIK	(Include pregnancy within	3 months of death)	
14. Maiden name Amzenia Hazen 15. Birthplace Massachusetts 16. Informant Dr. Frederick C. Warring, Sr.			***************************************	Major findings of operations		
E 15. Birthplace	Massac	husett	cs	Oate of op.		
16. Informant Dr.	Freder	ick C.	Warring, Sr.	Autupay results		
Addres 3504 Fairview Ave., Balto., Md.		PHYSICIAN: Please underline the cause to		atatistically.		
		22. VIOLENCE: If death was due to external of				
17. Cremation Oate thereof Mar. 6, 1948 (month) (day) (year)		Accident, suicide, or hamicide				
cemetery or crematery Greenmount Cemetery Balto		Where did Injury occur?(City or town	(County)	(State)		
Greenmount Ave. & Oliver St. Md.			liver St. Md	Injured at home, farm, Industry, public place	(where?)	• • • • • • • • • • • • • • • • • • • •
			ns	Means of Injury	Injured at work?	
	h & Pa.A			1+	11May	la. 10. 40
		0	1271 1 Mg.	23. SIGNATURE Stewars	Signaff	or other
19. Mar. 49. 19.48 Call, Webster Registrar			I . Websler Registrar	Address Mount Wilson,		3/4/48

RECEIVED

MAR 9 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

02570

CERTIFICATE OF DEATH

.38

	Reg. Diat. No.	90
1. PLACE OF DEATH: Baltingare	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State MAY GLOS County County County Clif or town (If outside city or town limits, write RURAL and give	
How long in above place of death?	Street No. 514 (If rural, give LOCATION)	nearest town)
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME MARY JANE WATSON	3. (b) Social Securi	ity Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Single	20. DATE OF DEATH MAKCH 13, 1948	3 1.00 h
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended d	deceased from
7. Birth date of deceased (mo., day, yr.) November 22, 1871	and that I last saw her alive on werely 12	DURATIO
8. AGE: Years Months Days If less than one day 4 2/	g p	5 day
9. Birthplace Baltimore Ca. Marpland (Town, county, and state)	Due to.	
10. Usual occupation KeTIYES	Due to	
11. industry or business Balto. Co. Public School Teacher		
12. Name John C. Watson 13. Birthplace /reland	Other conditions.	
14. Maiden name Elizabeth Bothwell 15. Birthplace England	(Include pregnancy within 3 months of death) Major findings of operations.	,,,,,,,
15. Birthplace England		
16. Informant Wilson W. Watson, S.	. Autopsy results.	
Address 514 Virginia Ave., Towson, Md.	PHYSICIAN: Please underline the cause to which death should be charge	ged statistically.
(Burial, cremation, or removal, Which?) Bate thereof MAY. 15, 1948 (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide,	************************
Genetery or crematory Prospect Hill Cemer Tety	Where did injury occur?	(State)
Location a Towson, Md.	injured at home, farm, industry, public place (where?)	
I have Busses loves	Means of Injury Injured at work?	
Address Towary Manufique 1	23. SIGNATURE HELLEN S.	W.D
19. March 11. 19 4. 8 Swift of an and an an annual state rec'd by registrar)	B. M. M	D. or other

MARGIN RESERVED FOR BINDING

VS A15 9.

APR 5 1948
BUREAU V. S.

02571

CERTIFICA	TE OF DEATH Reg. Diat. No. 44
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County County County Cif outside fit or town limits, write RURAL and give nearest town) Street No. 2.5.5.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
3. (a) FULL NAME La Eva Welker	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Lemale White Wichowek	MEDICAL CERTIFICATION 2D. DATE DF DEATH 1948 21 7:15P. M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife. 6.(c) If alive, give age year 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 6.7 8. Birthplace Demonstrated American State) 10. Usual occupation. 11. Industry or business 12. Name. 12. Name. 13. Birthplace Unknown	and that last saw has alive on 19 Immediate cause of death DURATION Due to 10 Due to
14. Maiden name Lyslia Werb 15. Birthplace Unknown 16. Intermant Raymond Welker	(Include pregnancy within 3 months of death) Major findings of operations
Address 3 65 Baybrean Road, Undalk 17 Removal (Butial, cremation, or regroval. Which) Cemetery or crematory Livin Lieux Community Location Williams Lotton 18. Funeral director Roland L. Lisher	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
19. Mas 8-19. 48 Daven & Karbs (Date rec'd by registrar) Registrar	23. SIGNATURE Olober & E. Farber, M.D. or other Address Spanner Point, Mel Date signed 3-8-48

BINDING FOR RESERVED MARGIN

ADING INK. Supply every item of Physicians: please write the causes

WITH UNF important.

PLAINLY, W

WRITE

PLEASE

A15 SN age

information carefully. The correct of death clearly and legibly.





2411 N. Charles St., Baltimore

02572

M. D. 3-24-48

CERTIFICA	TE OF DEATH	. Dist. No. 9 44
PLACE OF DEATH: Inty. Baltimore or town. Towson 1. Mary and (If outside city or fown limits, write RURAL and give neurest town) or long in above place of death? pital, institution, or street address where death occurred: udowood. San atorium, Towson 1, Md	2. USUAL RESIDENCE (HOME) OF DECEASE (For newhorn infants give residence of mother) State	City AL and give nearest town) MORE T.
(a) FULL NAME		ocial Security Number
FRANK H. WHI	IE. 21	7-05-4-191
5. Color or race 6.(a) Single, married, wildowed, or divorced Married.	MEDICAL CERTIFIC 20. DATE OF DEATH. MALCH. 24	ATION 1944 214:45 Q
Birth date of deceased (mo., day, yr.) Birth date of deceased (mo., day, yr.) AGE: Years Months Days If less than one day hrs. min Birthplace Dectie O. (Town, county, and state) Usual occupation Industry or business 12. Name 13. Birthplace Morth Carolina 14. Maiden same Madie M. Hoard.	Immediate cause of death Immediate cause of death Due to Other conditions (Include pregnancy within 3 months of death	MALLY 24 1946 23 1946 DURATION LICE Since May 19492
15. Birthplace North Carolina.	Major findings of operations	Date of op.
Informant Personal history-Hospital records	Antoney results.	
Address Fud owo od Sanatorium, Tows on 1, Md. (Burial, cremation, or removal, Which?) Cemetery or crematory Location Experimental director Funeral director	22. VIOLENCE: If death was due to external causes, till in the Accident, suicide, or homicide	e following; Date of
AGE: Years Months Days If less than one day Howard Crown, county and state) Birthplace Crown, county and state) Usual occupation. Crown, county and state) Usual occupation. Crown, county and state) 12. Name. Crown, county and state) 14. Maiden name. Madice M. Hoard. 15. Birthplace North Carolina 16. Birthplace North Carolina 17. Marken Carolina 18. Birthplace North Carolina 19. Birthplace North Carolina 19. Birthplace Carolina 10. Birthplace Carolina 11. Birthplace Carolina 12. Birthplace Carolina 13. Birthplace Carolina 14. Maiden name. Madice M. Carolina 15. Birthplace Carolina 16. Birthplace Carolina 16. Birthplace Carolina 17. Birthplace Carolina 18. Birthplace Carolina 19. Birthplace Carolina 19. Birthplace Carolina 10. Birthplace Carolina 11. Birthplace Carolina 12. Birthplace Carolina 13. Birthplace Carolina 14. Maiden name. Madice M. Carolina 15. Birthplace Carolina 16. Birthplace Carolina 17. Birthplace Carolina 18. Birthplace Carolina 19. Birthplace Carolina 19. Birthplace Carolina 10.	Immediate cause of death Due to Due to (Include pregnancy within 3 months of death and the cause to which death she accident, sulcide, or homicide Where did injury occur? (City or town) Injured at home, tarm, industry, public place (where?)	Date of op. Ould be charged statistice following; Oute of

Registrar Address Towson 4, Md.

UNFADING INK. Supply every item of information carefully. The coant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY is especial

9-45-15M

VS A15

especially

WRITE

PLEASE

(Vate rec'd by registrar)

M

The corr

RECEIVED

APR 8 1948 BUREAU V, S.

WRITE

PLEASE

The correctage

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

55€

02573

CERTIFICATE OF DEATH

Rog. Dist. No.

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)	state Maryland county		
	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How long In above place of death?			
Vets. Adm. Hospital, Ft. Howard, Md.	Street No. 932 Wa Fayette St. (If rural, give LOCATION) 2.(a) If veteran, name war		
How long in hospital or institution?			
3. (a) FULL NAME			
	o. (o) both betany names		
BENJAMIN T. WICKS 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Congression			
Male Colored Separated	20. DATE DF DEATH March 29 19.18 315:10 P		
8.(b) Name of hosbard or wife Lillian Wicks	21. I CERTIFY Ihal death occurred on the date above stated; that I attended deceased from		
7. Birth date of	March 22 19 48 16 March 29 19 48		
7. Birth date of deceased (mo., day, yr.) 8-24-92	and that I last saw himalive on March 29		
deceased (mo., day, yr.) 0-211-92 8. AGE: Years Months Days If less than one day	Immediate cause of death		
8. AGE: 7 5	Sarcoma of left ankle, metastatic		
22 1 2 nrsmin.	to left jaw, lungs & lumph nodes 6 Mos.		
9. BirthplaceAnneArundel	Due lo plus		
10. Usual occupation. Unemployed			
	Due to		
11. Industry or business			
12. Name William Wicks 13. Birthplace Maryland	Other conditions Aspiration Pneumonia & Unknown		
	lung abscess (Include pregnancy within 3 months of death)		
14. Maiden name Rachel Taylor			
14. Maiden name Rachel Taylor 15. Birthplace Maryland	Major fiadiags ol operations.		
	Calanta article and Chapter		
16. Informant Clinical Records, Vets.Adm. Hospital	Autopsy results. Substantiated above a PHYSICIAN: Please anderline the cause to which death should be charged statistically.		
Address Fort Howard, Maryland			
17. Burial gramation or removal Which? Date thereof. $\frac{4-2-48}{\text{(month) (day) (year)}}$	22. VIOLENCE: If death was due to external causes, fill in the following:		
(During, Cremmenon, or removation)	Accident, suicide, or homicide		
Cemetery or crematory Baltimore National Cemetery	Where did Injury occur?		
Baltimore, Maryland	Injured at home, larm, industry, public place (where?)		
Chamles P Law	Means of injury Injured all work?		
1B. Funeral director Charles R. Law			
Address 802 Madison Ave., Balto., Md.	Was not never l		
3/31 V& A.W. Hedriel	23. SIGNATURE MANAUGH, D. Chief Professional		
19. 3/3/ (Datorec'd by registrar) (Datorec'd by registrar)			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02574

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Baltimore City or town Reisterstown (If outside city or town limits, writa RURAL and give nearest town) Street No. 52 Bond Avenue (If rurat, give LOCATION) 2.(d) If veteran, name war. 3. (b) Social Security Number
4. SSX 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. Colored Married	20. DATE OF DEATH March 7 19 48 at 3:30P M
6.(b) Name of husband or wife Rev. Matthais Williams	21. I CERTIFY Ihal death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) November 24, 1879	and I hal I last saw h. A. Lalive on 3 - 6 18. 14. 8
8. AGE: Years Months Days If loss than one day 12	Immediate cause of death Orthoroxycleratio 5-V. Disease 2 yrs Hypertenius 5-V. Disease 2 yrs
9. Birthplace	Duo to.
11. Industry or businesa 12. Name John Garrett 13. Birthplace Md.	Other conditions
14. Maiden name Anna Hall 15. Birthplaco Md.	Major findings all aperations. NONE Date of op.
18 Informant Rev. Matthais Williams Address 52 Bond Ave. Reisterstown, Md.	Autopsy results
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. West Liberty M. Chr. Cem. Location West Liberty, Howard Co., Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accideol, suicide, or homicide
Address 578 W. Biddle St.	23. SIGNATURE D , D , Caples M. D. or other Address Reisterstown , Md . Date signed 3-8-148

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

48a

02575

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore Catonsville -28 (If outside city or town limits, write RURAL and give nearest town) Street No. 644 Orpington Road (If rural, give LOCATION) 2.(a) It veteran, name war.
3.(a) FULL NAME MarieWissman	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wite Ludwig Wissman 6.(c) the alive, give age years 7. Birth date of deceased (mo., day, yr.) August 17, 1901	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from May 28 19.43 and that I last saw h er alive on March 4 18.48
8. AGE: Years Months Days tf less than one day 46 6 16min.	Immediate cause of death DURATION
9. Birthplace Rodenbergen, Germany (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business Home	Due to.
12. Name	Other conditions.
14. Maiden name Johanna Reutzel 15. Birthplace Germany	(Include pregnancy within 3 months of death) Major findings of operations. Radium implantation Results cossation of bleeding of op. 1-22-48
16. Informant Hospital records Address Caton sville -28. Maryland	Antopsy results
Burial Date thereot 3-6-48 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Moreland Memorial Park	22. VIOLENCE: tt death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location Baltimore, Maryland Leonard J. Ruck	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 5305 Harford Road, 14 19. (Date: 6 d by Fegistrar) Registrar	73. SIGNATURE Isadore Tuerk, M.D. or other Catonsville-28, Md. Data signed 3-5-48

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

170
192
I milled

02576

	~ 0		13		
Reg.	Diat.	No.		 4	_
				 1	_

	E OF DEATH Rog. Diat. No.
1. PLACE OF DEATH: County Baltimore City or town Fort Howard, Maryland (If outside city or town limits, write RUKAL and give nearest town) How tong in above place of death? 25 days Hospital, Institution, or etreet address where death occurred: Veterans Administration Hosp., Ft. Howard, Md. How long in hospital or institution? 25 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residance of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 3.(d) single, married, widowed, or divorced Male Negro Widower	MEDICAL CERTIFICATION 20. DATE DF DEATHMarch 1
8.(b) Name of hueband or wife	21. I CERTIFY that death occurred on the dete above etated; thet I ettended daceased from February 5 148 to March 1 19 48 and that I last saw h. im alive on March 1, 1948 19 URATION
8. AGE: Years Months Days if leet than ona day 10 ?hrsmin.	Subacute Nephritis: Type Undetermined Unknown
S. Sirthplace	Due to
16. Informant Clinical Records, Vets. Adm. Hosp. Address Fort Howard, Maryland 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Baltimore National Cemetery Baltimore, Maryland Location Charles R. Law 802 Madison Ave., Balto., Md. 18. Funeral director 802 Madison Ave., Balto., Md. 19. 3 X Registrar	Autapsy resolts. Substantiated Above PHYSICIAN: Pfesse underfine the cause to which death shoold he charged statistically. 22. VIOLENCE: If death was due to externel causes, fill in the following: Accident, suicide, or homicide

mus annie mac wood Sa 4597 : 495-7

A15

NS

PLEA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02577

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimere,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
VUUIII	State Maryland County		
City or town (If outside city or town limits, write RURAL and give nearest town)	Boltimore		
How long in above place of death? 21 days	(If outside city or town limits, write RURAL end give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 144 Celvin St		
How long in hospital or institution? 21 days	(If rural, give LOCATION) WW II		
3. (a) FULL NAME	3. (b) Social Security Number		
NEELY E. WOODS	Unknown		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Negre married	20. DATE OF DEATH. March 25		
6.(b) Name of hysparts/or wife Elsie Woods	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 March 25 19.		
7. Birth date of	and that I last saw him alive on March 25 19 48		
7. Birth date of deceased (mo., day, yr.) 9-25-10	Immediate cause of death TUBERCULOSIS BILATERAL OURATION		
8. AGE: Years Months Days tiless than one day	WITH CAVITATION LEFT LUNG Unknown		
37 6hrsmin.	The decided of the second of t		
9. Birthplace Gaffney, S.C. (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business	Due to		
	Propohanloural Fictula		
E South Carolina	Dither conditions Bronchopleural Fistula		
	Ieft. Empyema Left Chest Unknown (Include pregnancy within 3 months of death)		
14. Maiden name Susan Scott Nerth Careline	Major findings of operations		
2 15. Birthplace North Carolina	Date of op.		
16. Informant Clinical Records, Ft. Heward, Md.	Autopsy resultsSubstantiatedAbove		
Address Fort Howard, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;		
William, cylingtion, or remoral White!) Date thereof (month) day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Saffiney on 5 - Cary	Where did injury occur?		
Paltime	Injured at home, farm, Industry, public place (where?)		
	Means of Injury Injured at work?		
18. Funeral director Mrs. Katie R. Williams	Means of tubut		
Address 322 N. Schroeder St., Balto., Md.	a D.W. H. Plan		
3/79 US 1/10 Helland	23. SIGNATURE A.W. ST. CLAIR, M.D. M.D. or other		
19. (Date rec'd by registrar)	Address V.A.H. FORT HOWARD, MD. Date signed 3-27-48		

Registrar Address V.A.H. FORT HOWARD, MD. Date signed 3-27-48

2411 N. Charles St., Baltimore

470

02578

CERTIFICATE OF DEATH

Rog. Dist. No. 3/

·	Acg. Dist. Total		
1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	Street No. 6746 windson will, Ket.		
nospiral, institution, or street address where death occurred.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME James Ferdinand younger	3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m W married	20. DATE OF DEATH. 20 march 1948, at 6 3 d		
6.(b) Name of husband or wife huss. Clara R. younger	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(0) Name of nusband of wife.	10 July 1942 to 20 har 1948		
7. Birth date of Jan - 7, 1877	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immedia cause of death DURATION 24 Lar.		
7/ 2 /3hrsmin.			
9. Birthplace (Town, county, and state)	Due to Bronchon in Caremona 142		
1D. Usual occupation.	Due to		
11. Industry or business Contracting			
12. Name Jesuse younger 13. Birthpiace Batting Co. mf	Dither conditions		
14. Malden name Katherine Byerly 15. Birthplace Batting Comment	(Include pregnancy within 3 months of death) Major findings of operations.		
S SE Bidbalose Raft. Q C made	Major madings of operations. Date of op.		
16. Informant Colert Hysik Standard The	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address make nogh the.	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Burial Date thereof March 22, 1948 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Mt. Olive Cemetery	Where did injury occur?		
Location Randallstown, Md	Injured at home, farm, industry, public place (where?)		
18. Funeral director Alles Aucorraus	Means of Injury Injured at work?		
Address 4510 Liberty Heights Ave.	23 SIGNATURE Paul N Royal M. D.		
19.3/20/ 1948 H.Q. Claveryo (Dafe rec'd by registrar)	Address Phesville 8 and Date signed 20 hours		

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

To The state of th

W. Porrectage

A15 9.45-15M

PLEASE

RECEIVED

APR 3 1948

BUREAU V. S.